MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Vany Land b. COUNTY MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (awot terrorn avig bna 23days ? Laurel 1318 Eye St. S.W. Res. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washin, ton, D.C. . IS RESIDENCE d. STREET ADDRESS Little Pertuxent River YES NO F Children's Center NAME OF Middle DATE Year Found Tread DECEASED (Type or print) Curtis Leo Allen DEATH April 5. SEX 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours WIDOWED | DIVORCED T Negro 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if refired)

NONE 12. CITIZEN OF WHAT COUNTRY? CH puo Washington D.C. pe USA 13. FATHER'S NAME TOT 14. MOTHER'S MAIDEN NAME Roscoe Allen Poges Mamie Hackett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give None Ciildren's Center Records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Accidental Drowning IMMEDIATE CAUSE (a) Sudden DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? Mental retardation NO F Examiner's 200. EXTERNAL CAUSE WAS PRIMARY- or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) pe should found drownedd in the little Perturent River. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) Hour a.m. (\*3 Unknown at work at work Little Perturent River Laurel A Maryland. 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [X], and find that death resulted from: Natural causes . 'Accident KI Suicide . Hamicide . Undetermined cause arwarded to the Chi ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Gustave H. Faubert.M.D. NAME (Type) DEPUTY MEDICAL EXAMINER T 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS. A15ME(5) Chilan S. France DATE MENU 160 5M 9/55

TANKS OF THE REAL PROPERTY. The second of the second secon O British Commission and Commission

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Page 4	t.	director	led with	美	-
iter death.		e funeral	hould be fi	1	li —
24 h	1	led in by the	1 and 2 s		0
TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h offer death. Page 4	may be retained by the haspital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and campletely filled	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs after death.	
TO HOSPIT	may be retain	TO FUNERAL E	page 3 shault	the registrar	

o. COUNTY

NAME OF

5. SEX

(Type or print)

male

no

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4167 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington, D.C. Laurel, Maryland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE District Training School Children's Center ON A FARM? 730 Hobart Place N.W. YES NO Middle 4. DATE Month Day Allen Richard DEATH April 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months colored Nov. 23, 1930 WIDOWED | DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Institutionalized Washington, D.C. USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Allen Louise Edwards 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT District Training Strool, Children's Center, Laurel, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ------

	IMMEDIATE	CAUSE (a)	CONGESTIVE HEART DISEASE	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO  (b)  DUE TO	MARFAN'S SYNDROME	3 months
CATION	PART II. OTHER SIGNIFICA		INS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o	19. WAS AUTOPS PERFORMED? YES NO
ERTIF	20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	G 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.)	

(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work of work

October 21. I certify that I attended the deceased fram.... that I last saw the deceased and that death accurred at 12;35 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE Medical Officer. Children's Centerl/1 Laurel, Md.

PHYSICIAN'S NAME (Type) Margaret Wong Moda, M.D. 220. BURIAL CREMATION | 226. DATE THEREOF 22d. LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (State)

Burial (Specify) April 15,1960 District Training School Laure. Marvland 3. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE APR 1 8 '60

(Stote)

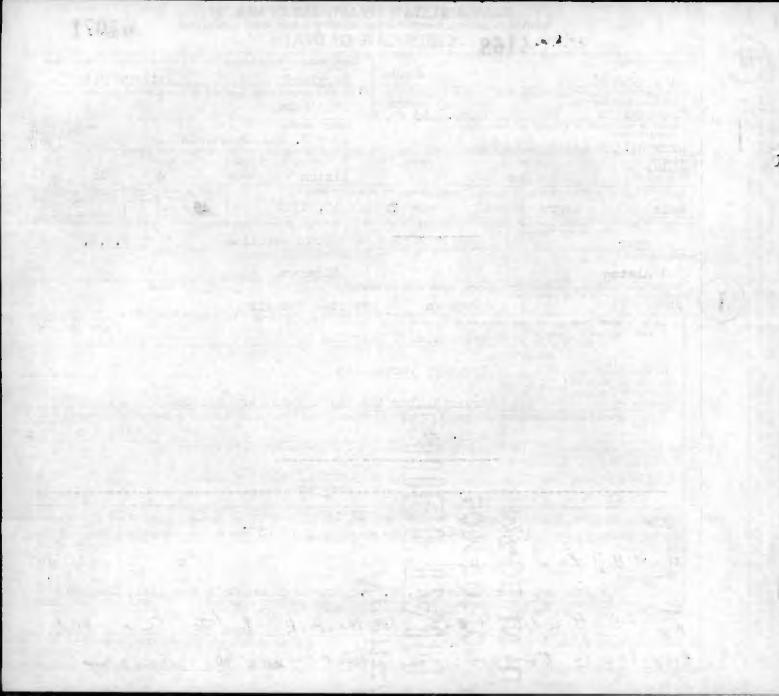
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TO HOSP  OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 it is after death. Page 4  TO HOSP  TO HOSP  TO HOSP  TO HOSP  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.  Page 3 shauld be defoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.		/	-
TO HOSP  OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is ofter death.  TO HOSP  TO H	Page 4	director,	M
TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be coned by the haspital or attending physician.  TO HOSP CALL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.	rs ofter death.	in by the funeral or	10
TO HOSP  OR ATTENDING PHYSICIAN: The law requires that the deal may be clined by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attention page 3 shauld be detached for use as the burial-transit permit. Then please the State Board of Health prior to burial, cremation, or remarkol, and in an	th certificate be executed within 24 A	ding physician and campletely filled's	y event, within 72 haurs ofter death.
TO HOSP OR ATTENDING PHYSICIA  TO MAY BE PARENTED BY the hospital or after  TO FUNERAL DIRECTOR? After this certific page 3 shauld be detached for use as the the State Board of Health prior to burial.	in: The law requires that the deal	iding physician. cate has been signed by the attence e buriol-tronsit permit. Then plea	cremation, or removal, and in an
Q E P A E	HOSP OR ATTENDING PHYSICIA	nay be Crined by the hospital or atter FUNERAL DIRECTOR! After this certificage 3 shauld be detoched for use as the	e State Board of Health prior to burial,
	7 V	A15 (4)	-

	4	4168	CERTIF	ICA1	E OF DEATH			U 2	0 1	_
1. PLACE OF DEAT a. COUNTY Anne Art			MARY	LAND	2. USUAL RESIDENCE (Who, STATE Maryland	ere deceased	I lived. If institutio b. COUNTY Balt:			
b. CITY OR TOW RURAL and gi	/N (If outside corporate lim ve neorest town) Lile		LENGTH OF STAY		c. CITY OR TOWN (If o	utside corpor	rote limits, write RU	RAL and give	3 V	town)
OR INSTITUTE	OSPITAL (If not in hospital, ON Llle State Ho	give street ock			d. street address 1909 N. Fu	lton A	Avenue		(	RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fi	nst las	Middle		Alston	4. DATE OF DEATH	Monti	h	Day 26	Year 19 60
s. sex Male	6. COLOR OR RACE Negro	7. MARRIED			May 15, 1910		9. AGE (In years last hirthday) 49 yrs.			UNDER 24 HRS
during most of Labore	working life, even if retired T	dane 10b. Kit	ND OF BUSINESS O	R INDUST	North Car	rolina			OF WH	HAT COUNTRY
Al Ala	ton				Minerva	Z AMA				
15. WAS DECEASED (Yes. no. or unknown) NO	EVER IN U. S. ARMED FOI Iff yes, give wor or dates of	service)	cial security no. Inknown		ospital Recor	rds	Addre	258		
gove rise I cause (a), sto lying cause I	o immediate DUE To	Co A		roti	c Cardiovasor			EN IN PART I	(o) 19. V	VAS AUTOPSY ERFORMED?
PART II.  PART II.  PART II.  VOICE STATE	T WAS UNDERLYING TING CAUSE OF DEATH		oilepsy BE HOW INJURY OF	CCURRED	. (Enter nature of injury in F	Part I or Port	t It of item 18.)		YE	ѕ□ но 🔽
20c. TIME OF IT		White-	URY OCCURRED		CE OF INJURY (Home, farm ary, street, office bldg., etc.		or town)	(Cor	inly)	(State
saw the de		1) attended /26	the deceased 1960, and	fram that de	12/13 . 19 eath accurred at 8 \$ 4	46, 1a 45, from		19.60 I an the c	, that late sta	
22c. PHYSICIAN NAME (Ty	ly Hard	Heard .	n		ATTENDING ME PHYS. DI  22d. ADDRESS  Crownsvil	RECTOR [	STAFF EQ	tal, M	4,	226. DATE /26/60 and
Bemoval (Spe	1/10/1	OF S	ARBUS	TERY OR	Memberk	Bay	TION ICITY, town, o	C-	n	151019
24. FUNERAL DIRECT	es G. Co	-epi.	Sid Ce	inde	TOT ME DATE MA	D BY REGIST		TRAR'S SIGN		



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND LONG CERTIFICATE OF DEATH

v4072

1. PLACE OF DEATH				2.	USUAL RESID	ENCE (Whe	ere decease	d lived. If insti		lence before	admission)
Anne Ar	undel		MARYL	AND	Mary.	land		b. coun	ltimor	re	V
b. CITY OR TOWN RURAL ond give Crownsv:			lengih of stay in 12 yrs. mo. 19day		-	own (If ou	utside corpo	rote limits, writ	e RURAL on	3 V	o1, 4
d. NAME OF HOS OR INSTITUTION Crownsv:	PITAL (If not in hospitol, g	ospital	ess)		d. STREET AD	DORESS	Stree	t.			IS RESIDENCE ON A FARM? YES NO K
B. NAME OF DECEASED (Type or print)	Fin	Bry	Middle	,	lost Art:		4. DATE OF DEATH	-	Month 4	Doy 30	Year 19 60
Female	6. COLOR OR RACE	7. MARRIED		_	ate of Birth	1901		9. AGE (In yellost bighdo	yrs. IFUND		Hours Min.
Oo. USUAL OCCUPA	TION (Give kind of work of orking life, even if retired)	Jone 10b. KINI	O OF BUSINESS OF	-	11. BIRTHPLA	of it selected				U.S.	VHAT COUNTRY?
3. FATHER'S NAME	ra Flowers		1	1.	Mary	MAIDEN N	Z AME				
	VER IN U. 5. ARMED FOR (If yes, give war or dates of se	ervice)	ial security no.		mant pital			,	Address		
Conditions, if gove rise to couse (o), stolin lying couse los	immediate DUE TO	1	Capillary Diabetes			cleros	818		22		
PART II. C	OTHER SIGNIFICANT CON					THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN P		WAS AUTOPSY PERFORMED? YES NO K
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT)	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBI	HOW INJURY OF	CCURRED. (E	nter noture of	injury in P	ort I or Por	t II of item 18.)			
20c. TIME OF INJ Hour o. n p. n		While of work	Not while of work		OF INJURY (H , street, office.			or town)		(County)	- (Stote)
	hat (1) (this haspital	) attended 4/30	60		h accurred	11:1	, .ta_ M, fram	4/30 the causes			t (I) (we) last stated above
22o. SIGNATURE	Mount	il		M.D.		DIR	D. RECTOR	STAFF PHYS.			5/2/60 ED
22c. PHYSICIAN' NAME (Type		lict, M	. D.		Crown		e Sta	te Hosp	oital,	Maryl	land
230. BURIAL, CREMA		23	Balle	PRY PY	Miles	N	23d. LOCA	MONICIN POR	free	111	(Stote)
24. FUNERAL DIRECT	The Stephature	Al constitution	ADDRESS O	Love	1991	250. REC'E	BY REGIST	0.0		S. KLAN	

may be incomed by the haspital ar attending physician.

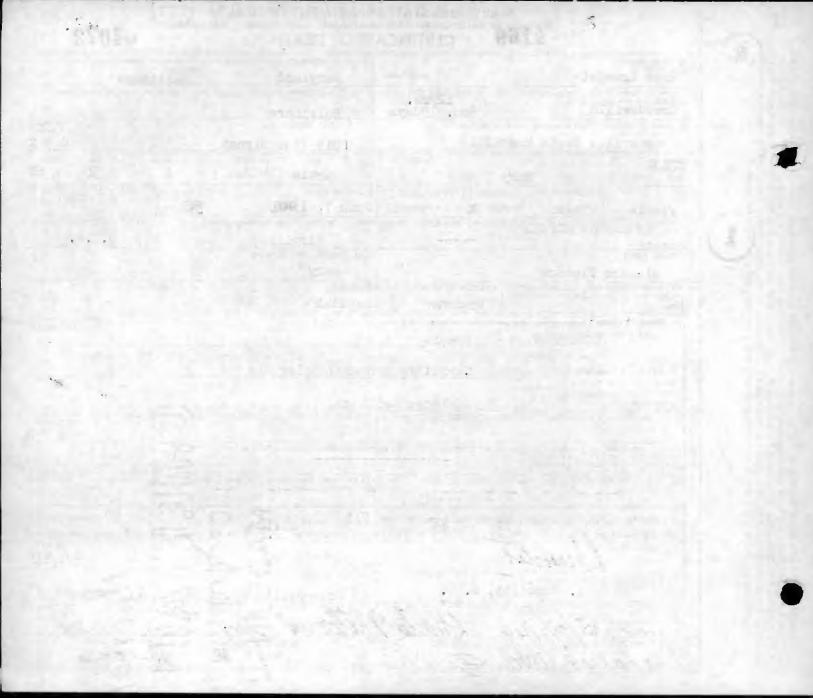
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event within it had eath.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

s after death. Page 4

C

TO HOSP VR A15 (4) 15M 9/59



is necessary, please explectar. Page 4 should be

TO DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defert it necessary, please expected to the chief whiting the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funer fector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Lot.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMENER'S CERTIFICATE OF DEATH 4170

1,4073 Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY Anne Ar	undal		MARYLAND	2. USUAL RESIDENCE o. STATE Mary		b, COUNT		ce before ac	dmission)
b. CITY OR TOWN III of	utside corporate limits, write RUI	RAL C. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN		porate limits, write	RURAL and	give nearest	town)
Sollar P'O	Glen Burnie		L5 days ?	Baltim	ore		1	BVOI	,4
	OR INSTITUTION (If no			d. STREET ADDRESS			No.		RESIDENCE
	woods, off Fo	ort Smal	Llwood Rd.	Pennington	and F	ilbert St	reets		N A FARM?
3. NAME OF DECEASED (Type of print) 2011Q	Raymond	, Fld	ridge B	aldwim	4. DATE OF DEATH	Found Md		Day	Year 19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED N	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1	-	NDER 24 HRS.
М	W	IDOWED 🔲	DIVORCED	6/28/08		51 yrs.	Months D	Pays Hour	Min.
10a. USUAL OCCUPATION during most of working	Give kind of work done	106. KIND OF	BUSINESS OR INDUS		te or fareign (	country)	12. CITIZ	EN OF WHI	AT COUNTRY?
	ne Burner	Patap	sco Scra	Prince G	eorge (	County	1	USA	
13. FATHER'S NAME	200			14. MOTHER'S MAIDEN			1		
Samuel	Raldwin			Sarah E	Jones	8			
15. WAS DECEASED EVER			SECURITY NO. 17.			Address			120
(sax, no, or entrown)	No.	217-0	5-4087	Mrs. Ruth B	aldwin	Wife His	hPoint	.Pasa	dena.Mo
18. CAUSE OF DEATH	Enter only one cause p	per line for (o), (	(b), and (c). ]					INTERVAL BET	
PART I. DEATH	WAS CAUSED BY:	Self i	inflicted 1	wound to the	head	with a 12	2		
976	DUE TO								
Conditions, if any	which) (b)	gauge d	louble bar	rell shot gu	n.			Sudde	n
gove rise to immedia (o), stoting the un	ote couse (								1.0
couse lost.	(c)								- 25
PART II. OTHE	R SIGNIFICANT CONDITI	ONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PART		S AUTOPSY FORMED?
TY.								YES [	
PART II. OTHE	E WAS TRIBUTING TO	the trade dead	INJURY OCCURRED. (I	Enter nature of injury in Po	art I or Part II	of item 18.)			1
	Month, Day, Year	20d. INJURY		CE OF INJURY (Home, for	rm, 20f. (City	or tawn)	(Caun	ity)	(State)
20c. TIME OF INJURY	19		Not while fact	ary, street, office bldg., el	lc.)				
	1		s described obe	Fort Smallw	OOK KE	spection M	Clon I	Turnie	AA Md
	rom: Notural cou					ndetermined o	-	in, one	a tino thoi
ACTUAL SIGNATURE	stave Del	June	wolly	M.D. CHIEF MEDICAL	EXAMINER			DAT	E SIGNED
			_	ASSISTANT MEDI	CAL EXAMINE	R 🔲			
EXAMINER'S NAME (Type) G	ustave H. Fa	aubert, M	f.D.	DEPUTY MEDICA	L EXAMINER	Jk 4/	15/60		
220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF		ME OF CEMETERY OF		22d. LOCA	TION (City, lawn,	or county)	(Sr	fote)
Burial	4/16/60			Memorial		n Burni			
23. FUNERAL DIRECTOR'S	Johnson	9.61	DRESS Bley		C'D BY REGIST		STRAR'S SIGN	NATURE	
Hoppin	g and Kirk	fley, (	alen Burr	ie, Ma DATED	R 1 8 '60	) ani	hun 8 to	Auto	

VS. A15ME(5) 5M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY Per b. COUNTY MARYLAND H funerol Y LCITY OR TOWN (If gutside corporate limits, write) على c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) should 6 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET\_ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T ond NAME OF Lost filled Day Year DECEASED OF DEATH (Type or print) 0 19 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACÉ 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours SI WIDOWED I -DIVORCED T yrs 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Idreign country) 12 CITIZEN OF WHAT COUNTRY? ofter death. during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 8 physician геточе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ottending p 22 pleose 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: DUE TO ģ permit. Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underbeen sig lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? has **burial**-YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stole) factory, street, affice bldg., etc.) q. m. While Not while at work at work 21. I certify that I attended the deceased fram. that I last saw the deceased alive an and that death accurred at Manage M, from the causes and an the date stated above ADDRESS (Street, city or fown, state) DATE SIGNED **ACTUAL** DIVINATURE PHYSICIAN'S NAME (Type) രാ 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) O 23. JUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24Ь. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

	4179 CERTIFICA	AIE OF DEATH
	1. PLACE OF DEATH d. COUNTY Annie Arundel MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. NATY and b COUNTY Bellimore.
	Crownsville, Maryland 7mo. 23 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore
*	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON Crownsville State Hospital	d Street Address 1910 Cedric Road  o is residence on a farm? yes \( \) NO
	3. NAME OF First Middle CTPS (Type or print) Charles	Beckham 4. Date Month Doy Year DEATH April 18 1960
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost bightday)   Months   Days   Hours   Min
	male Negro WIDOWED DIVORCED	7/16/1873   last birthday)   Months   Days   Hours   Min
	10o. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Cabin Stewart	USTRY 11, BIRTHPLACE (State or foreign country) Virginia  12 CIT ZEN OF WHAT COUNTRY? U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_	John Beckham	Sally
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Medical Records
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (o), storing the under- lying couse lost  Embolia of Pil  (b)  Hypertensive Car  Syphilis and Ar	diovascular Disease
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(4) 19 WAS AUTOPSY PERFORMED?  YES A NO
		IED. {Enter nature of injury in Part I or Port II of item 18.}
		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, affice bldg, etc.)
	21 1 certify that (I) (this hospital), attended the deceased from	3/27  15 60 to 4/18  19 60, that (I) (we) lost death accurred at 4M, from life causes and on the date stated above  M.D. PHYS  ATTENDING AMED STAFF HYS 4/19/60  226 DATE SIGNED  221 ADDRESS  Crownsville, Maryland
	230 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY REMOVAL (Specify 4/2/60 MT. C.C.)	rang g. a County med
(	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1304 n.	Central 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE APR 21 '60 Ciriling & Khana

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the softer death. Page 4 may be, need by the haspital an attending physician of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health pr or to burial, gremation, or removal, and in any event, within 72 hours after death.

0-17 4

TO HOSP

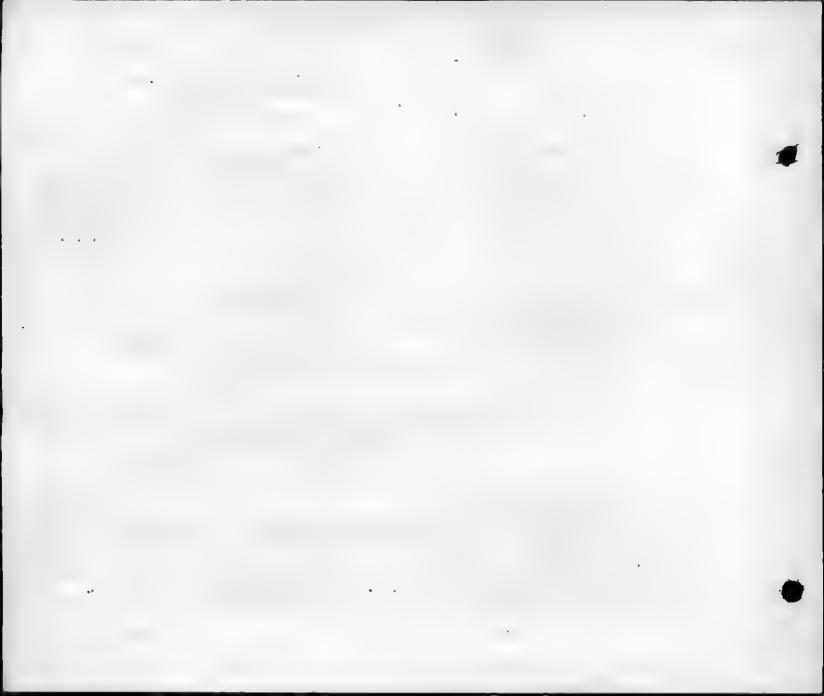
VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

AIZION OF	STATISTICAL	KF2FWKCH	ANU	KECOKD2		BALII
7.172	CE	RTIFICA	ATE	OF D	E/	ATH

04076

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	PLACE OF DEATH	ndol .		- MARYI	LAND	2 USUAL RESIDENCE (W	/here decease	ed lived. If instituti b. COUNTY B&L	on: Resi	dence befo	re odmiss	ion)
	Anne Aru  b CITY OR TOWN (If RURAL and give nec		ls, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF						1)
1	RURAL and give ried			9mo. 44 yf8	days					21	,	*
	d. NAME OF HOSPITA			7		d. STREET ADDRESS		,			e. IS RES	IDENCE FARM?
1		lle State	Hospi	tal		Unknorm						NO K
	3. NAME OF DECEASED	Fic	st	Middle		Lost ,	4. DATE	Маг	nth	Do	у	Year
	(Type or print)		eorge			Bedfora	DEATH	4		19	?	1960
	S SEX		7. MARRI	ED NEVER MARRIE	D 🖬	B DATE OF BIRTH		9 AGE (In years last birthday)	IF UNI	DER 1 YEAR	IF UNDE	R 24 HRS. Min.
J	Male	Negro	WIDOWE			1880		80 yrs				
1	100. USUAL OCCUPATION during mast af warki	N (Give kind af wark i ng life, even if retired	dane 10b i )	KIND OF BUSINESS OF	R INDUS	TRY 11 BIRTHPLACE (State		country)	12.	CITIZEN OF		
4	Labore	r				Maryland				0.	S.A.	<u> </u>
	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Unknown		eren la c		1	Unknown		A 8.1				
	And t	IN U. S. AKMED FOR I yes, give war or dates of t	ervice]			FORMANT		Add	iress			
	Unknown			Jnknown		Mospital Reco	ras					
		IH LEnter anily one co H WAS CAUSED BY:	iuse per lini	e for (a), (b), and (c).		Heart Failure				ONS	ERVAL BE	DEATH
	110 - 1	IMMEDIATE CAUSE (c		Courses or	ve i	leart tallure						
	495	DUE TO		minaalamat	ia (	Cardiovascula	an the	രമാമര				
	Canditions, if an gave rise to in	mediate	1	STIOSCIETO	110 (	SELUTIONSECUTS	Tr. DIS	3456				
	cause (a), stating to	he under-										
		ER SIGNIFICANT CON	D TIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERA	MINAL DISEA	SE CONDITION GI	VFN IN I	PART 1(a) 1	9 WAS	AUTOPSY
	2		_			th Arterioscl					PERFO	RMED?
	200 ACCIDENT WAS	UNDERLYING []				). (Enter nature of injury in						- 63
		MEDICAL EXAMINER								_	-	
	20c. TIME OF INJURY	Manth, Day, Ye			20e. PLA	CE OF INJURY (Hame, far tary, street_affice_bldget	m.   20f. {Cit	ly or town)		(County)		(State)
	Hove a.m.	- 15	of work	Not while of work	_ '0	ion y price in the program			-	_		
	21 1 certify that	(I) (this hospito	) ottende	ed the deceosed	from	7/9 11	215 , to.	4/19	19	60 th	ot (1) t	we) lost
		ed alive on4	100			eath accurred a		the couses at				
	320 SIGNATURE	J ( ! .	1)	<i></i>								b DATE SIGNED
	4 7 lieura	ril de al	2/	2n	1	AD, PHYS 🔼 🖂	MED DIRECTOR [	STAFF			4/	19760
	22c. PHYSICIAN S NAME (Type) LL.	ildogond H	0020	Reissman, l	M. D	22d. ADDRESS		State Wee	ma to	- 1 M	2	
	<u> </u>			rereament a	uri e Ju	Growns	ATTIE	State Hos	THE PE	7 9 IST		
	23a BJRIAL, CREMAT ON REMOVAL (Specify)	23b. DATE THEREC	)F	ZONNAME OF GEME	TERYO	CREMATORY /	23d LOCA	ATION (City, town,	ar caur	(y)	(Stat	e)
		Caput 20	1400	Unitreed	ill	Mayor	13	alline	THE	M	d,	
	24 FUNERAL DIRECTOR'S	S.GHVATURE	4	ADDRESS	01	2-1-1	C'D BY REGIS			6IGNATU		
	litell.	lese	. 11 -	· Ul. INa	ah.	DATEND	R 2 2 '6	0 an	Elmy ,	8. Krau	4	



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4174 **CERTIFICATE OF DEATH** Rea. Dist. No. the funeral director, should be filed with ey. PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived. If institution, Residence before admission) · COUNTY b. COUNTY MARYLAND b. City OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN, (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest tays d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES 🗍 NO 🔣 ond NAME OF Fint Middle 4. DATE Month Day Yeor DECEASED DEATH (Type or print) S 196 poperty Roc 5. SEX 6. COLOR OR 8. DATE OF BIRTH AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS RACE NEVER MARRIED [ost birthday] Months Dovs Hours WIDOWED [] DIVORCED T 엉 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Pou I 13. FATHER'S NAME 0 d' 14 MOTHER'S MAIDEN NAME physician 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address affending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) terio selerotic heart disease á Conditions, if ony, which te has been signed burial-transit perm gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of item 18 ) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg, etc.] Hour p. m While Not while of work | of work p. m. 1960 1900 21. I certify that I attended the deceased from .that I last saw the deceased alive on end that death accurred at \_M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street Zcity on town, stote) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) the registror co 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

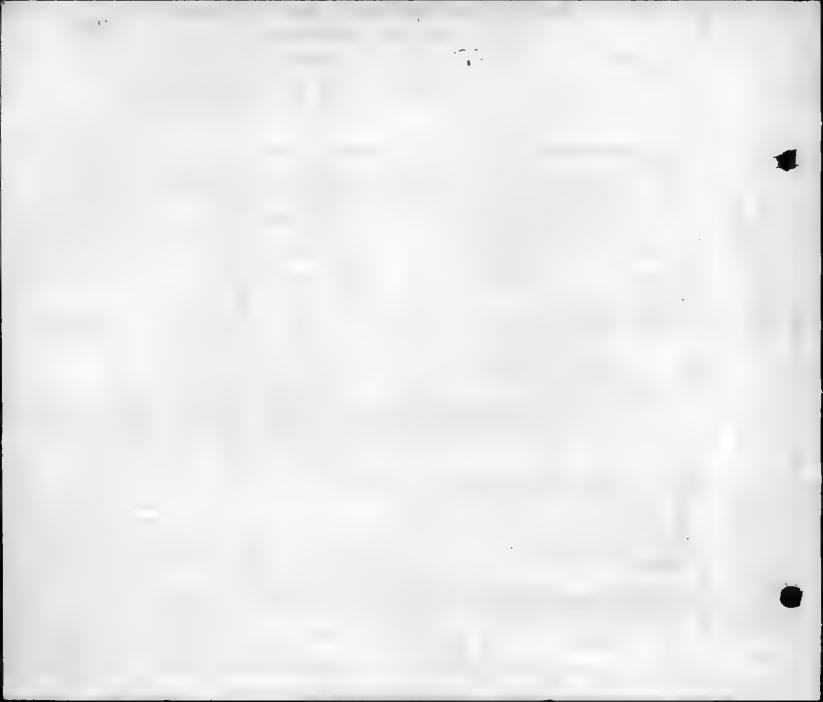
24a, REC'D BY REGISTRAR,

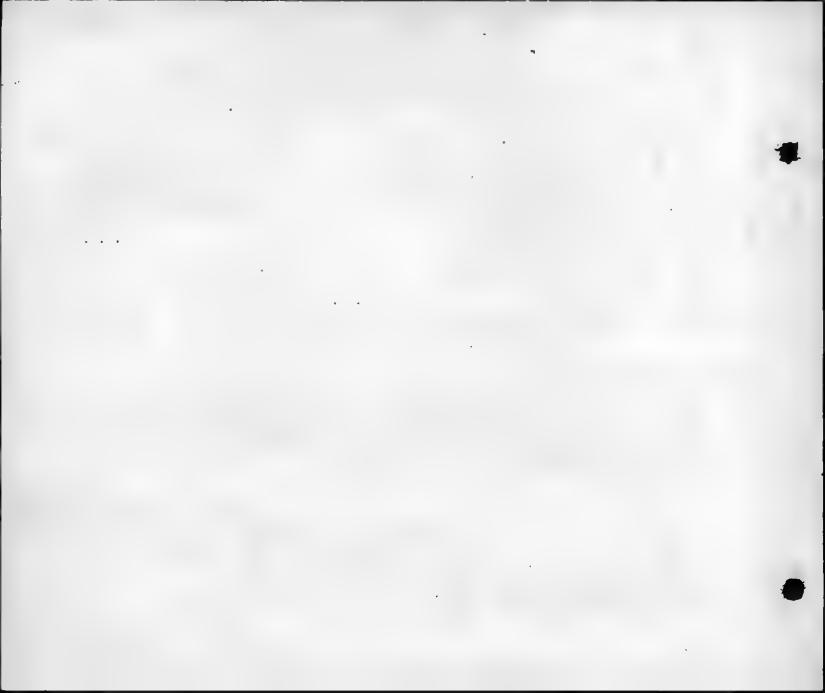
DATE

246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55 ELINERAL DIRECTOR'S SIGNATUR

death. Page





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 64079 4178 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Peridence before admission) e. COUNTY b. COUNTY MARYLAND F funeral b CITY OR TOWN (If autside corporate limits, write COTY OR TOWN (It outside carporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 è. RBRAL and give negrest lown) ploads d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE SEINSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Year DECEASED OF (Type or print) DEATH 19 5. SEX 7. MARRIED T NEVER MARRIED AGE (In LINDER IF UNDER 24 HRS. Months Days Hours WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY dyshig most of yorking lifezeven if retired) 12 CITIZEN OF WHAT COUNTRY? I E BYRTHPLACE (Stole or foreign country) 13. FATHER'S NAME 14. MQ26 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address lif yes, give war or dates of service attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED BY: INOTHA Then IMMEDIATE CAUSE (a) ( with it DUE TO ۾ permit. Candifrons, if ony, which (b) been signed gave rise to immediate DUE TO <u>e</u> cause (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (State) (County) foctory, street, affice bldg., etc.) Ç Hour o.m While Not while at work at work 1960 21. I certify that / attended the deceased from / 1920, that I last saw the deceased detached alive an and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIME ACTUAL SIGNATURE ě prior 3 should PHYSICIAN'S NAME (Type) FUNE 220 SURIAL CREMATION, 226. DATE THEREOF ACCATION (City, lown, or county) 22c NAME OF CEMETERY OR CREMATORY (State) FRIMOVAL (Specify) 246. REGISTRAR'S SIGNATURE FONERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15 (4) arthur & traus

death.

requires that the

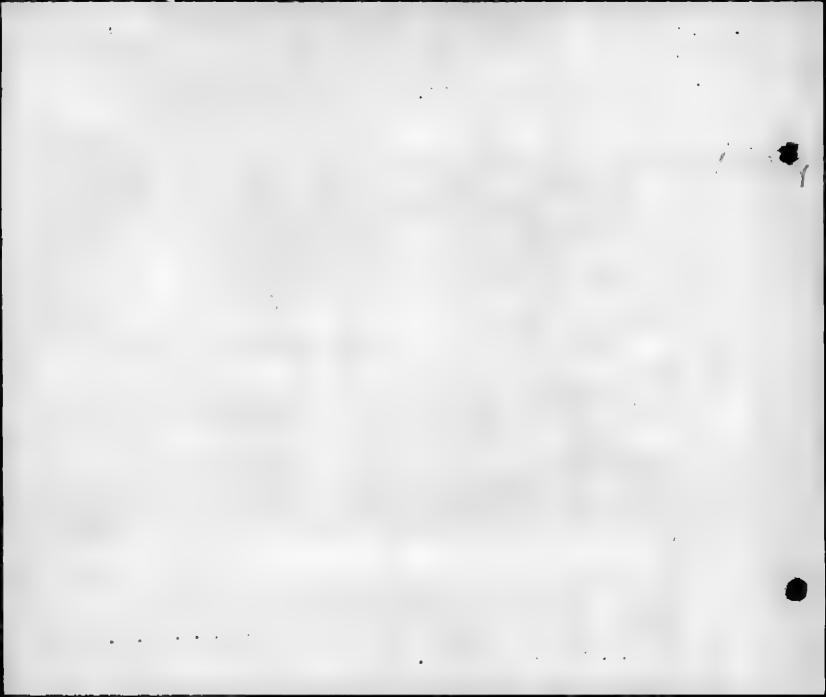
15M 9/5S



<b>1</b> 1			MARYL	AND STAT	E DEPARTM	ENT OF HEALTH	-BALTIMOR		
£ 05			4	4129	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	3()
E A PA	1.	PLACE OF DEATH	Anne Arun	d <b>el</b>	MARYLAND	2. USUAL RESIDENCE (WE	here deceased lived. If in b. COI		odmission)
old be f		RURAL ond give n	9lis	$D_{i}$	O, A,	1	outside corporate limits, w	rrite RURAL and give near	est town)
2 5%	A	or institution nne Arund	TALIII not in hospitol, o Dead on a el General	rrival) Hospital		d STREET ADDRESS	-oLL tox	Ave	IS RESIDENCE ON A FARM? YES NO 2
5 6	3,	NAME OF DECEASED (Type or print)	Margaret	1 mg /	Middle MAS	BROWN	4. DATE OF DEATH Ap:	Month Day	Year 19 60
	5. 5	SEX F	6. COLOR OR RACE	7 MARRIED N	DIVORCED	8. DATE OF BIRTH  MAY-13-1	9. AGE (In lost birth	years   IF UNDER 1 YEAR   I day)   Manths   Days   yrs.	F UNDER 24 HRS Hours Min.
deoth.	100	during most of wor	king life, even if retired	done 10b. KIND OI	BUSINESS OR INDU	STRY II. BIRTHPLACE (State	or foreign country)  OLIS -/>	1d 12. CITIZEN OF	WHAT COUNTRY?
s offer	13.	FATHER'S NAME	NN P	Thor	145	14. MOTHER'S MAIDEN N	HAME KIM	ble	
72 hour		WAS DECEASED EV	ER IN U. S. ARMED FOR Ill yes, give wer or deter of th		SECURITY NO. 17	NFORMANT - ELLA-1	Parker-8	/ Northure	705
e i i i		18. CAUSE OF DE	ATH [Enter only one co	use per line for (o)	, (b), and (c).]			INTER	VAL SETWEEN
		PART 1 DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ONARY	OCCLU'S	100/	ONSE	TAND DEATH
ony ev		Conditions, if							
		gave rise to couse (a), stating lying cause lost.							
oval, a	ATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIBI	JTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO		WAS AUTOPSY PERFORMED? YES NO []
E .	CERTIFIC	OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURRE	D (Enter noture of injury in	Port 1 or Part II of item 1	B )	
amation,	<b>EDICAL</b>	20c. TIME OF INJU Hour o.m. p. m.	RY Month, Day, Yes	While _ No	CCURRED 20e. Pt t while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or Iown)	(County)	(Stole)
joj g		21. I certify to	hat Lattended the			, 19. <i>QD</i> , to		that I last say	
2		ACTUAL A	On.	n a	R		ADDRESS (Street, city or		DATE SIGNED
prior		SIGNATURE_	- Julia	ASIN N	Jene	the size of the si	nklin St.,		4/27/60
stror pr		PHYSICIAN'S NAME (Type)		ck		Annapo	lis, Md.		
the regi	220	BURIAL, CREMATIC DREMOVAL (Special)		1-60 B	AME OF CEMETERY C	R CREMATORY	ANN AE	lown, or county)	(State)
4)	23.	FUNERAL DIRECTOR	rs signature TTT	ANNA	Da LIST	240. REC	· ·	REGISTRAR'S SIGNATURE	
,							<u> </u>		



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 .d	M	Anne (177) CERTIFICATE OF DEATH Reg. Dist. No. 181
Page director		1. PLACE OF DEATH 415 FULLY NEW P.  o. COUNTY  STATE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Marylang  b. COUNTY and Quantity
death: uneral Id be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Level 1 Leagth 30 years.  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Level 1 Leagth 10 Level 1 Leagth 10 Level 1 Leve
ors ofter by the f d 2 shou	×	d. NAME OF HOSP TAL (If not in hospitol, give street address)  OR INSTITUTION  OR A FARM?  YES NO
n 24 hg		3. NAME OF DECEASED (Type or print) Magnette Ann Bucking lan 4. DATE Month Day Year OF DECEASED (Type or print) Magnette Ann Bucking lan DEATH Rout 13 1960
d within sletely f rs. Pag		S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  WIDOWED DIVORCED DIVORCED Months Doys Hours Min.
execute nd comp	deoth.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  106. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired)  107. CITIZEN OF WHAT COUNTRY?  108. S A
ate be ician ar e carbo	s offer	13. FATHER'S NAME ROLL Buns Zonlinson 14. MOTHER'S MAIDEN NAME TO ALLE ROLL
certific ng phys remay	1 ) Reg	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  The Market Bander Address Address Address With the Market Bander Tours William Ht. Market Bander Tours He had
e death ottendia n please	within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Cucumon of the dateslane  Cucumon of the datesla
that the by the t. The	y even	15 9. 9 DUE TO
equires n. signed t permi	e p	gave rise to Immediate cottse (a), stating the <u>under-lying couse lost.</u> [b]  DUE TO
hysicia si been af-trans	ip.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
AN: The nding p icate ha he burio	ar remo	YES NO A-  20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  YES NO A-
HYSICIA or offe is certifi use as the	matian.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Howr a. m. While Not while foctory, street, office bldg., etc.) (County)
DING P hospital After th	ial, cre	21. I certify that I attended the deceased from Rysul. 1958 to again 13 1948, that I last saw the deceased
ATTENT by the CTOR: detach	o pri	alive on Gps 12, 1960, and that death occurred at 930 A.M. from the causes and an the date stated above.  ADDRESS (Street, city or town, stole)  DATE SIGNED
A P P P P P P P P P P P P P P P P P P P	ar priat	PHYSICIAN'S I S C 26
HOSPIT toy be r FUNERA	registr	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
5 5 5	- P	224 CUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
YS A15 (4) 15M 9/55		DATE APR 1 4 '60 Cilhon S. France



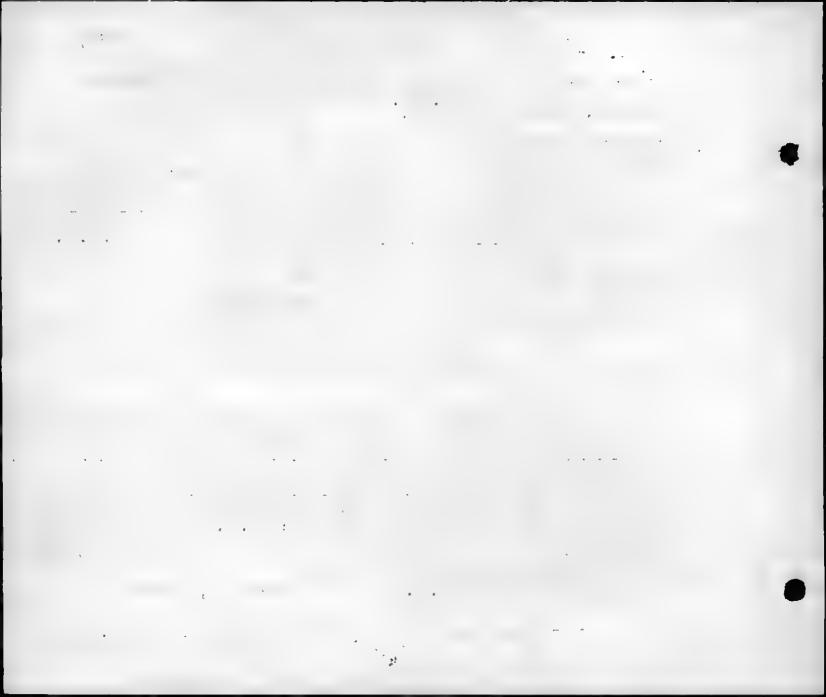
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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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			Thame delta		0261	0/60 1-6	020	0.0
1, PL/ a. (	Ann e	Arundel	MARYL			and alarmound bound. If institution	n: Residence b	pefore admission)
	RURAL and give no	f autside carporate limits, we corest tawn. le, Maryland	of the state of 10 mo		c. CITY OR TOWN (If a	utside carporale limits, write RU 1more	JRAL and give	nearest lawn)
d	NAME OF HOSPIT OR INSTITUTION Crownsvi	AL (If not in hospital, give s 11e State Hos	spital		d. STREET ADDRESS Unkno	wn		e is residence on a farm? Yes No 🔼
DE	ME OF CEASED pe ar print)	Samuel	Middle	Bu.	Llock tast	4. DATE Mont OF April	h	19 Year 19 60
5 SEX	le	Magno	MARRIED NEVER MARRIED		1903/ 18	98 62st by Booy) yrs	Months Day	EAR IF UNDER 24 HRS ys Hours Min
10a. u d	SUAL OCCUPATION	ON (Give kind of work dane ang life, even if retired)	106. KIND OF BUSINESS OR	INDUSTR	North Ca			S. A.
13 FA	THER'S NAME				14 MOTHER'S MAIDEN N	IAME		
1	Will	iam Bullock			Betsy			
		R IN U. S. ARMED FORCES? (If yes, give wor or doles of service)		17. INFO	Medical	Records Addre	e\$1	
18	. CAUSE OF DEA	ATH [Enter anly ane cause	per line far (a), (b), and (c).]		**		13	NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a)	Bronchopneum	nonia				DINSEL KIND DEKILL
	0233	DUE TO						·
	Canditians, if a	ny, which } (b)	Syphilitic (	Cardi	ovascular Di	sease		
	gave rise to i cause (a), stating	mmediate (						
	ying cause last.	(c)						
CERTIFICATION	PART II, OTH		ONS CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(c	19 WAS AUTOPSY PERFORMED? YES NO
	ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	AS UNDERLYING 1 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CURRED.	Enter nature of injury in F	Part I or Part II of item 18.)		
■EDICAL	to TIME OF INJUR Hour, a.m. p. m.	- <del> </del>	Not INJURY OCCURRED  Whileblat_while It wark at wark	20e. PLACI foctor	OF INJURY (Hame farm, y, street, affice bldg , etc.	20f (City ar tawn)	(Cour	(State)
1 1		it (I) (this hospital) at sed alive on 4/19	tended the deceased (		8/17 1th occurred at	53 4/19 M, from the causes and		that (I) (we) last
	SIONATURE	MACL	3/1/9/	, M.I		D STAFF		4/19/60NED
2:	Zc PHYS CHAN'S NAME (Type)	Lionel McHenr	y Mapp, M. D.		22d ADDRESS	wnsville, Mary	land	
	URIAL, CREMATIO FMOVAL (Specify)	17N. 23b DATE THEREOF 4-25-1960	23c NAME OF CEME			23d LOCATION (City, town, o		(State)
24 FU	NERAL DIRECTOR		526 ADDRESS \//a	SHOP1.	al Cemetery	Suitland, Ma	TV AND	ATNIRF
17	Air Pine	an the Late		RA	M. W. DATE AP		Chair S. Fin	



MARYLAND STATE DEPARTMENT OF HE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If Institution: Residence before admission] o. COMNIY o. STATE b. COUNTY MARYLAND burial, CITY OR TOWN (If purside ediporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sfreet address) STREET ADDRESS e. IS RESIDENCE ON A SARM? YES A NO NAME OF registro Middle 4. DATE Last Month Day Year DECEASE (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. 8. DATE OF BIRTH AGE In years IF UNDER TYEAR IF UNDER 24 HRS. out burthday) DIVORCED [ WIDOWED | YTE. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ldess IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate course **DUE TO** (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY 90 PERFORMED? YES 🗖 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) O. m. Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection Inquiry (C and find that death resulted fram: Natural causes & Accident  $\square$ . Suicide | Hamicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 20 ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

**ADDRESS** 

1 Ju

240, REC'D BY REGISTRAR

DATE APR 1

246. REGISTRAR'S SIGNATURE

arthur S. Krous

NO IT

(State)

VS. A15ME(5) 5M 9/55

0

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

527.2

Item 8, FilCERTIFICATE OF DEATH Rec. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY 41 **b. COUNTY** MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) 2 RURAL and give negrest town) pinous reenock TYPPHECK d. NAME OF HOSPITAL (If not in hospilot, give street address)
OR INSTITUTION . IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO T NAME OF 4. DATE First Middle Lost Month Day Yeor Filled DECEASED OF DEATH (Type or print) 19 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED R NEVER MARRIED lost birthday) Months Days Hours DIVORCED [ WIDOWED [ Sept. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corbon 13. FATHER'S NAME ottending physicion CHINHILL hours WAS-DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 2 pleose within CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO á Conditions, if ony, which (b) been signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost. **buriol-tronsit** PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16: 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. m. While Not while at work ol work 21. I certify that I attended the deceased from 3 - 25 1960 to U-2 , 1860 that I last saw the deceased detoched \_\_, and that death occurred at\_\_\_\_\_ DIRECTOR: ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE 3 should be PHYSICIAN'S NAME (Type) TO FUNERAL 22b DATE THEREOF 22d LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Chilbur S. Hraus VS A15 (4) 15M 9/55 DATEAPR 25 '60

after death.

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



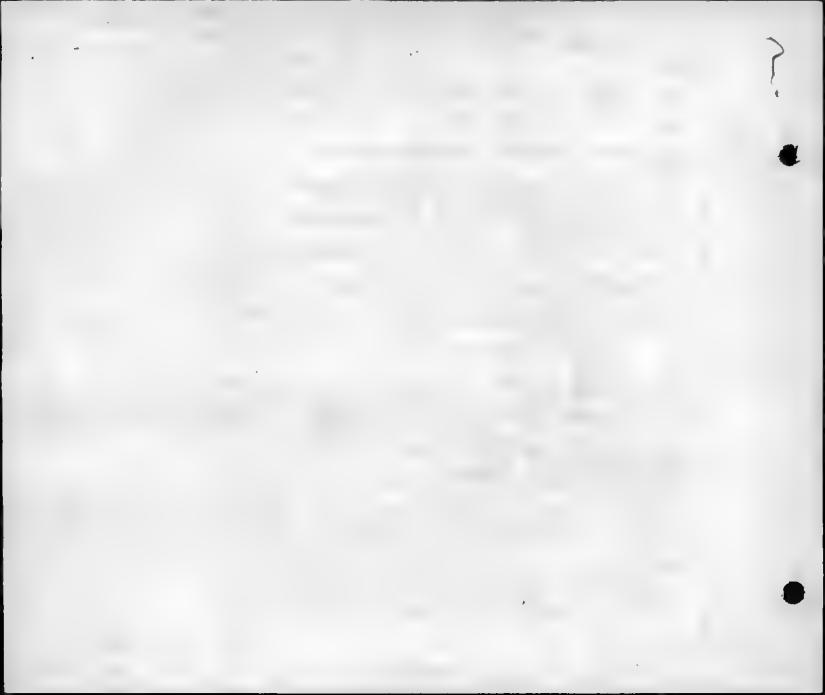
plaods PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN III autude corporate limits, write RURAL c. LENGTH OF STAY IN 16 Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital alve street address) NAME OF Middle DECEASED LOWRENCE regi (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED [ DIVORCED [ reforne 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, eyen if retired) Or udan 13. FATHER'S NAME 14. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6 **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (o), stoling the underlying couse lost. O used os 200, EXTERNAL CAUSE WAS PRIMARY PAOF CONTRIBUTING CAUSE OF DEATH. should Month, Day, Year 20d. INJURY OPCURRED 20c. TIME OF INJURY cute the pritificate, writing the violation forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 st Not while ar work of work p m death resulted from Natural causes ACTUAL SIGNATURE **EXAMINER'S** NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 0

VS. A15ME(5)

5M 9/55

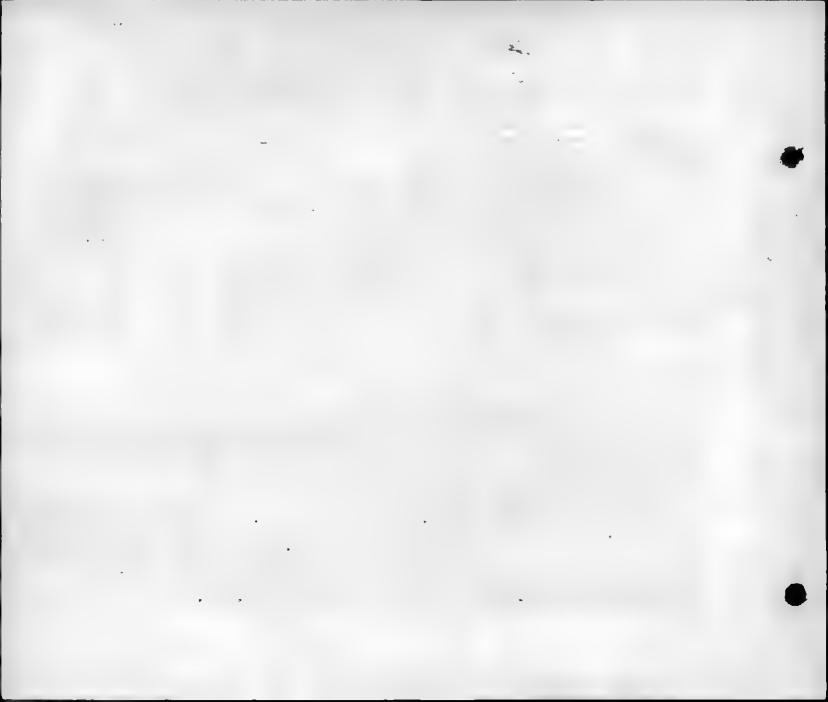
ARYLAND	STATE DEPAR	MENT OF HE	ALTH-BAL	TIMORE, 18	04085
MEDIC	AL EXAMINI	R'S CERTIFI	CATE OF		(1300)

Reg, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE b. COUNTY XXX/CCC c, CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. STREET ADDRESS e. IS RESIDENCE ON & FARM? YES NO DATE Day DEATH 196 10 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? M. MOTHER'S MAIDEN NAME 17. INFORMANT Address INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18. 20s. PLACE OF INJURY (Home, form, foctory, greet, office bldg., etc.) (County) (Slote) 21. I certify that I teptychalge of the remains described adve, held an Auropsy Inspection D Inquiry and find that Homicide Undetermined cause DATE EXPLAIN CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Out Lady of the ADDRESS 24b. REGISTRAR'S SIGNATUR 24a, REC'D BY REGISTRAR Orthur S. Kines DATE APR 1 3 '60



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. If director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b** COUNTY MARYLAND Anne Arundel Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown should Annapolis hours RURAL - Severna Park d. NAME OF HOSPITAL (If not in hospital, give street address) / d STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? Box-285 Anne Arundel General Hospital YES 🔲 NO 🔲 NAME OF 4. DATE Middle Month Day Yeor DECEASED DEATH (Type or print) CAUDLE Apri I 1960 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED TO DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Mis 05 White Female 26. 1960 WIDOWED | DIVORCED [ yes. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during gost of working life, even if retired) Maryland U.S. carbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Mervin Braxton CAUDLE Bertamae Irene WHITING haurs гетоме 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Hospital records attending ease CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ፚ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. Š Conditions, if ony, which (6) gove rise to immediate DUF TO couse (o), stoling the underlying couse lost buriof-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 17. WAS AUTOPSY PERFORMED? YES NO 2003. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m While Not white of work of work 1960 to Apr. 26. 1960 that I last saw the deceased 21. I certify that I attended the deceased from Apr. 26. alive on Apr. DATE SIGNED ACTUAL SIGNATUR Medical Building Prior should PHYSICIAN'S NAME (Type) Clayton Norton 3 BURIAL CREMATION. 22st NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) 큔 0 240. REC'D BY REGISTRAR グ4b. REGISTRAR'S SIGNATURE VS A15 (4)

death.



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18 6408

	04001
ON ASTRUTION  3 NAME OF DECEASED [Type or print]  5. SET  6. COLOR OR RACE [ 7]. MARRIED   MEVER MARRIED   B. DATE OF BIRTH   Death   Death	
a COUNTY	
RURAL and give nearest towns	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  o. IS RESIDENCE on A FARM? YES \[ NO \[ ]
(Type or print) MCLY (Sel-eced)	I de lace Of Aldi
THEM WIDOWED DIVORCED	May 1 1880 lost birthdoy Months Days Hours Min
during grost of working life, event if refired)	Howard Co US, A-
ILogel Tonell	martha tames
	Milymon & Turner Califica, In
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF HY CONTRACTOR STUDENTS	Cardio-lascular Disease Interval Between onset and Death
gove rise to immediate DUE TO	
PANT H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES  NO
	IED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. F	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) octory, street, office bldg., etc.)
alive an 1712 28 , 1960 , and that deat	
PHYSICIAN'S Edward 6 Skerr	377 1911

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 4-16-60

Fork's Cem.

22d LOCATION (City, fown, or county) Odenton, Maryland

24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

DATE DO 1 8 '60

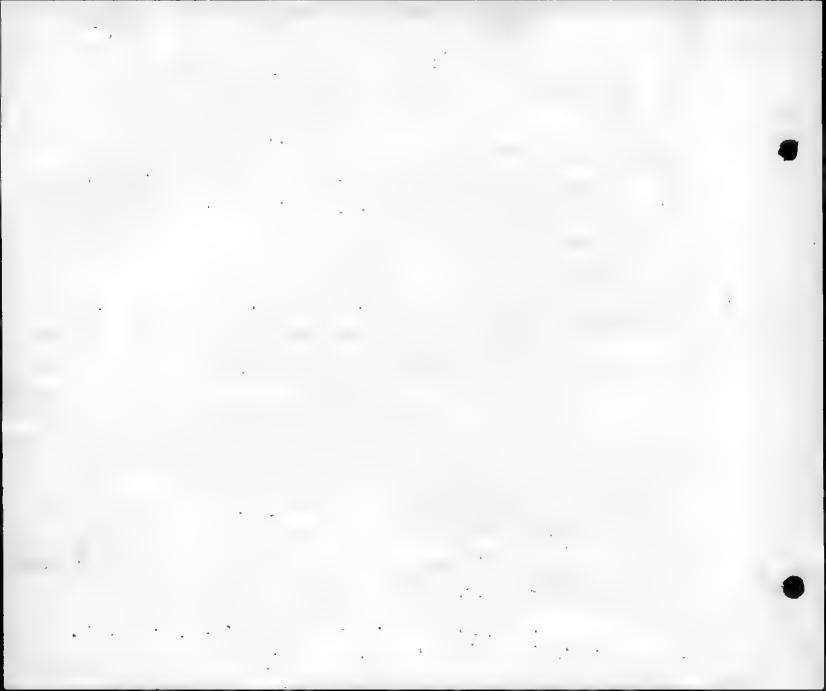
(Stole)

AHOX

15M 9/5B

arthur S. Kraus

DATE APR 2 6 '60



after death. Page 4

may be the negligible to attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be fitted with the State Board of Health priar to burial, cremotian, or removal, and in any event, within 72 hours after death.

DR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 TO HOSPI VR A1S (4) 1SM 9/59

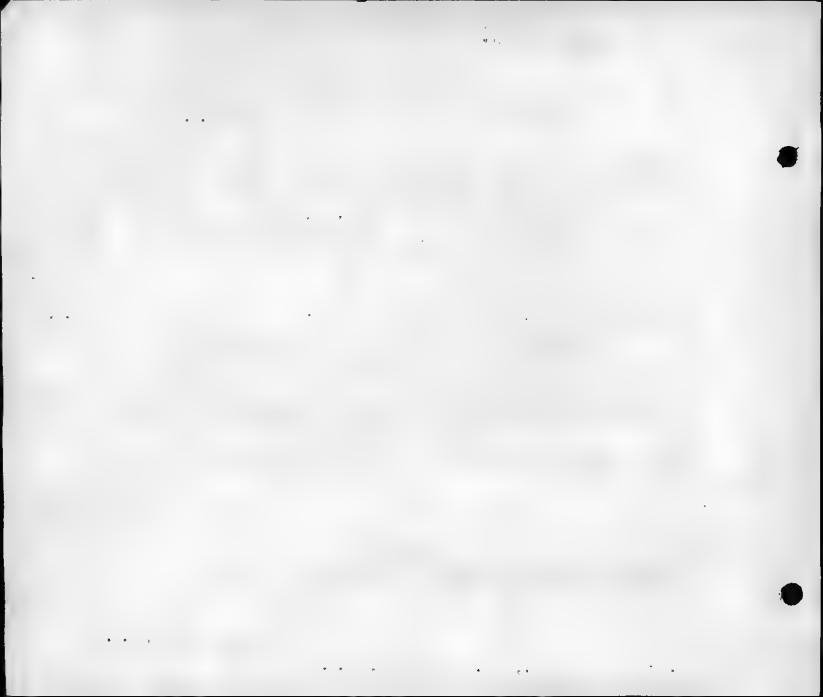
25b. REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR Chilmy & Krous

	o. COUNTY			MARYLAND	o. STATE		b. COUNTY			
	1 CITY OF TOWN III	Anne Aru			Maryl		. 31 fs	K A-4 A	Arunde.	_
	CITY OR TOWN (If a     RURAL and give near		is, write C	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			JKAL ond giv	re nearest tow	/n ş
	Annapalis			33 days		, - Sha	dyside			
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	give street ode	dress)	d. STREET ADDRESS					SIDENCE A FARM?
)	Anne Arunde	General	Hospit	al	Id	ewild			YES [	NO 🔀
	3. NAME OF DECEASED	Fie	st	Middle	Last	4. DATE	Mon	th	Day	Year
	(Type or print)	Lotti	.0		COLE	DEATH	Apri	11	11	1960
	S. SEX	COLOR OR RACE	7. MARRIED	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UND	1
	Female	White	WIDOWED	DIVORCED	January 11,	1874	86 yrs.	Anonins D	Pays Hours	Min
	10a USJAL OCCUPATION during most of working	(Give kind of work	done 10b. KII	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Store	e or foreign co	ountry)	12. CITIZE	EN OF WHAT	COUNTRY
	Housewis		1		Canad	la Torre	NFO	U.	S.A.	
Ì	13. FATHER'S NAME			-	14. MOTHER'S MAIDEN				NOW THE RESERVE	
	IT eouge	Fibb:	5		Unknown					
	15. WAS DECEASED EVER I	N U S. ARMED FOR		OCIAL SECURITY NO. 17, IN	FORMANT		Addi	ess		
	NO	yet, give wor or gains or a		oue 011	ve M. Shoem	dKeR .	Shadusi	de 1	rd.	
-	18. CAUSE OF DEATH	[Enter only one co	use per line	fg/ (a), (b), and (c).]	//		/		INTERVAL B	
	PART I, DEATH	WAS CAUSED BY:	s XI	an stene a	& It. les	2			ONSET AND	POLA
	420.1	DUE TO		11 - 61	1 1201	1				A CONTRACTOR
	Conditions, if ony	, which ) a	. Thouse	Pour of	Box Iton	arte	ely		33	doys
ļ	gove rise to imi	nediote (		, ,	11 min		1			-
	couse (a), stating the lying couse lost.	under-	, ac	terioscopy	eres		V		yea	مدير
ı	PART II. OTHE	SIGNIFICANTON	DITIONS CO	NTRIBUTING TO DEATH, BUT	NOT RELATED TO THE TERA	AINAL DISEASI	E CONDITION GIV	EN IN PART	107 19 WAS	AUTOPSY
	PART II, OTHE	aller	Erie	oclaroke	It dise	ase 7	cerona	Muse	W SEEL	ORMED?
		UNDERLYING [	20b. DESCRI	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port		7 1	The Table of	
	OR CONTRIBUTING C	EDICAL EXAMINER)	1					- 1	V	
	20c TIME OF INJURY Hour o. m.	Month, Doy, Ye	or 20d. INUL		ACE OF INJURY (Home, for		or town)	(Co	unty)	(Stote)
	Hour o.m.	19	While of work [	Not while for	ctory, street, office bldg., et	ic.)				
		/IV /this hasnita	I) ottondor	d the deceased from.	Mar. 9. 11	60 10	April 11	1060	that /II	luga land
								_		
	22p SIGNATURE	/ OF	//	L. 19_60 , and that d	2:36	T •	the couses on	d on the	7 h	2b. DATE
	Trillah	do	mill	7.	M.D. ATTENDING	AED.	STAFF PHYS	41	12/1	SIGNED
	22c. PHYSICIAN'S	- V //	7000		22d. ADDRESS	MANAGEM L.	71119		1-1-5	, ,
	NAME (Type)	Willard S	mith		Shady	rside.	Md.			
	23o. BJRIAL CREMATION	23b. DATE THEREO	OF I	23c NAME OF CEMETERY O			ION (City, town, o	or county)	(Sto	ote)
	REMOVAL (Specify)	1-12/10		Tin + 1 incole			to the last		ti -	1

450.1

FOR STATE	It	en 20 Fil	m 262 5	- Car - 11	1 11 799 679			NT OF HEAL		EATH	0408	12
HEALTH DEPT.	1.	PLACE OF DEATH	nne av	Vidaa fi	le l	MAI	RYLAND	2 USUAL RESIDENCE o. STATE	E (Where deceased		Reg. Dist. No.	e admission)
director. Per your files and of Heal		city or town (III and give report fown	numol	TION (IF		c. LENGTH OF STA			(If outside corpore hington, s		:4	is residence ON A FARM?
State Barth.		NAME OF DECEASED		Fint	prin Masser Last No.	Middle		Lost	4. DATE OF	Month	Dey	YES NO Yeo
ay be a since	5. :	(Type or print)	6. COLOR OF	- 1	MARRIED	NEVER MARRI		DATE OF BIRTH		last birthday) M	UNDER TYEAR II	UNDER 24 Has
2, and 3 and 2 w 72 have	100	USUAL OCCUPATIOn of working	ON (Give kind on glife, even if r			ID OF BUSINESS O		Feb. 13. 19		52 yrs	12 CITIZEN OF	_ 1
M3. Poges 1.	13.	Mechani FATHER'S NAME			Au	tomobile.		14. MOTHER'S MAIDE			USA	-
Give Po		MAS DECEASED EV				OCIAL SECURITY NO	) 17, IN	FORMANT	Ida Sheph	Address		
I do la		18. CAUSE OF DEA PART I, DEA	TH WAS CAUSE IMMEDIATE CA	D BY: USE (o)		(o). (b). ond (c) } Cci des	1	L dro	vning	0_Euclid	INTERVA	N.W.#7
in pencil in ner's Office burial-tran		Conditions, if a gove rise to imme (a), stating the couse lost,	ny, which diote cause	(b)_ UE TO							A	Notice and the second s
sending: al Exami	CATION		HER SIGNIFICAN	(c)	TIONS CON	TRIBUTING TO DEA	N TLB HT	OT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN		WAS AUTOPSY PERFORMED?
word "property of Medical Control of the Control of	L CERTIFI	200. EXTERNAL CAPRIMARY OF OF DEATH.	NTRIBUTING 🗔	_	Tell o	verboard	from	boat while	boating			
or to b	MEDICAL	20c. TIME OF INJU	RY Month, C	7 19 E	20d, INI White of work	Not white ~	Incto	E OF INJURY (Home, for ry, street, office bldg., ck Creek	efc.]	port, Arna	(County) apolis A	(State) A Md
ed to the control of		21. I certify the opinion deoth						e, held an Auto D. Suicide .,		_	,	and in my
Carwarde Directo		ACTUAL SIGNATURE	S.	Bo	77-7-	nds_	, , , , , , , , , , , , , , , , , , ,	M D CHIEF MEDICAL	EXAMINER [			ATE SIGNED
ERAL De designe		EXAMINER'S NAME (Type)	<	s. 7	Bon	ssuck			DICAL EXAMINER []	acting.	4	סטוריון
o should		BURIAL CREMATIC REMOVAL (Specify Burial):	11/2	THEREOF	22	Woodla			Wa	N (City, lown, or o	D.C.	(Stole)
S. A15ME 5M 2/57	23.	W. Ernest	Jarvis	Co.	heo.	1432 You	a St.	N .W . DAY	PR 22'60	246. REGISTR	AR S SIGNATURE	



after death. Page 4

VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

DATE

250. REC'D BY REG-STRAR

256 REGISTRAR'S SIGNATURE Corthun S. Kraus

	PLACE OF DEATH COUNTY Anne Arur	lahr		MARYL		2 USUAL RESIDENCE (Whe STATE Marvland	ere decease	b. COUNTY	n Residence		issian) >
	b. CITY OR TOWN (If	autside corporate limi	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If ou	itside corpo				wn)
	RURAL and give ned	_		2 mo. 9 da	vs.	Baltimore	,		2	1-1-1	
	d. NAME OF HOSPITA		tive street		70	d. STREET ADDRESS		,	n.	I I I I	ESIDENCE
	OR INSTITUTION	TE (1. 1101 III 1103pilo. B	, 3,, 551	000.007		2033 McCull	oh Si	treet		ON	A FARM?
_		lle State F	lospi	tal		EOJJ MOVELL	.011 0	1.000		YES	] NO [X
,	NAME OF DECEASED	fir	st	Middle		Lost	4. DATE OF	Mon	th	Day	Year
	(Type or print)	Vir	ginia	a Mari	е	Davis	DEATH	4		13	19 60
i !	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIEI	B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1		7
	Female	Negro	WIDOWE	DIVORCED		March 12, 189	19	last birthday)	Months D	ays Hour	s Min
0o	USUAL OCCUPATION	N (Give kind of work i	done 10b.	KIND OF BUSINESS OR		RY 11. BIRTHPLACE (Stole of		Tall willia	12 CITIZE	N OF WHAT	COUNTRY
	anting most of works	ing life, even if retired	)			Virginia				U.S.A.	
7	Domestic FATHER'S NAME		1			14. MOTHER'S MAIDEN N		_		U.O.A.	
_	Unknown					Unknown	LANE.				
_					T						
	WAS DECEASED EVER	! IN U. S. ARMED FOR If yes, give wor or dates of a		SOCIAL SECURITY NO.	., ,,	ORMANT		Addr	<b>622</b>		
	Unknown			Unknown	H	ospital Recor	'da				
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne for (a), (b), and (c).]						INTERVAL	
	PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	.)	UREMIA						ONSET AN	
	0.50	. DUE TO									
	Conditions, if on	for the same of th		epticemia,	deci	ibital Ulcers				since	adm.
	gave rise to im	nmediote (	)	•							
	couse (a), stating t		)								
_	lying couse last.	) (c	1								
5	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMIN	NAL DISEAS	ECONDITION G V	EN IN PART I E <b>resis</b>	(o) 19. WA:	s autops: Formed?
5	Arterioscl	erotic Hyp	erten	sive Cardio	ovas	cular Disease	Fre	icture of	Femur	YES [	NO 🔣
CEK III	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC 	CRIBE HOW INJURY OF	CURRED	(Enter noture of injury in P.	ort I ar Poi	rt II of item 1B.)			
Š	20c. TIME OF INJURY	Month, Doy, Yes	gr 20d. It	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form,	20f. (City	v or town)	(Co	uniy)	(Stot
2	Hour en me-	- 10	₩hile	Net while	_ focto	ory, street, office bldg., etc.)	1		(00	*,,	(=.=.
Ä	p, m,		ot worl	k ot work		~ / ·	1	7			
	23   certify that	t (I) (this hospital	l) attend	led the deceased t				4/13	, 19_61		
	saw the decease	ed olive on	4/13	19 60 , and	that de	ath occurred of 330	M, from	the couses on	d on the	date state	ed obove
	220 S GNATURE	111-0	DY	7							226 DATE
	HUNGRA	40 Ocar	TA	econi_	M	.D PHYS ME	D ECTOR []	STAFF PHYS		4	/13/6
	22c PHISICIAN'S		1			22d. ADDRESS					
	NAME (Type)	Hildegard	Heard	i Reissman,	M. 3	D. Crownsvill	e Sta	te Hospi	tal, M	arylan	d
130	BURIAL, CREMATION			23¢ NAME OF CEME				TION (City, town, o			
ناد.	REMOVAL (Specify)	11-16	1131	23C NAME OF CENT	THE SK	Chematon	230 LOCA		or county)	12 13	ote)



64695

		PLACE OF DEATH				2. USUAL RESIDENCE (W	/here deceased	lived If institute	on Residence	e before ad	mission)
		COUNTY	. 7		MARYLAND	Maryland		P COUNTY	i mama		
		Anne Arund 6 city or town (ii	f outside carparate limit	s, write	c. LENGTH OF STAY IN 15	c CITY OR TOWN (IF	autside carpor	rate limits, write R	URAL and a	ive negrest t	own)
					13 years		•				4
56				ive street	address)	5,0				a IS	RESIDENCE
. 4		OR INSTITUTION			· ·	Í	. 5 . 0			Ot	N A FARM?
	-			-				et		163	□ NO 🖪
		DECEASED	For	it .	Middle	Last	OF	Mon	th	Day	Yeor
			-2-			Duppins	DEATH	4		30	1960
	5 5							last birthday)		$\overline{}$	
								86 yrs.	1		
	10a	USUAL OCCUPATION  during most of work	ON (Give kind of work of ling life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e ar foreign co	ountry)	12 CITI2	ZEN OF WHA	AT COUNTRY?
		Laborer				Marylar	ıd		Ţ	J.S.A.	
	13					14. MOTHER'S MAIDEN	NAME				
		Unknown				Unknown					
ı	15.				SOCIAL SECURITY NO 17. II	FORMANT		Add	ress		
	ţ.u.		(i) yes, give war or dares or in	` 1	Hnknown H	spital Recor	ede				
			TH [Enter only one ca			0	VI.L.				
		PART I. DEA	TH WAS CAUSED BY		Concestive	Heart Pailure				ONSET A	ND DEATH
		0.0	_		(	noun o luciture	,			,	,
		Canditions if a	of Ablah V		Symbilitie	dardi ovasoni le	מסולו ייו	220		1 20	
- 1		gave rise to in	nmediate (		7,1111111111111111111111111111111111111	5012 1120 1 0100 0120		250			
			the under-		Coneral Per	acic					
	z			OFFICING			AINAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19 W.	AS AUTOPSY
462	ATIC									PE	REORMED?
3	D 31.	200 ACCIDENT WA	S UNDERLYING TI	20b. DES	CRISE HOW INJURY OCCURRE	D (Enter noture of injury in	Part Lar Part	II of item 18)		1 127	110 [25]
		OR CONTRIBUTING	CAUSE OF DEATH								
	CA		Y Month, Doy, Yes			ACE OF INJURY (Home, for	m 20f (City	ar fawn)	(C	County)	(State)
,	MEC	p m.		Ol wo	k af work						
		21   certify tha	t (I) (this haspital	atten	ded the deceased from	5/17 3-19	946 to	4/30	1960	O that (	l) (we) last
						lenth occurred at A	M. from				
		22a SIGNATURE	1	7.5			<u> </u>	THE COURT OF	ier an mo		22b. DATE
		[	Millely	R		M.D PHYS	MED DIRECTOR K	STAFF PHYS		5	12/60 SIGNED
RURAL ond give nearest town)  OF ANAME OF HOSPITAL (If nor in hospital)  OF ANAME OF HOSPITAL (If nor in hospital)  OF ANAME OF HOSPITAL (If nor in hospital)  STATE ADDRESS  OF STATE OF THIS  SEX  A. COLOR OR RACE 7. MARRIED NEVER MARRIED N				1 -1							
		NAME (Type) I	L. Benedi	ct,	M. D.	Crownsvill	le Stat	e Hospit	al, Ma	erylan	d
	230		N, 236 DATE THEREO	F	23c NAME OF/CEMETERY O	R CREMATORY	23d LOCAT	TON (Cify, town,	ar county)	{'	Stote) /
		REMOVAL (Specify)	3/4//	-0	1.77.1 1/	altura	141	Delita.	( Z)	,"	.4.1
	24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	1 / 250 REC	O'D BY REGIST	RAR 25b REGI	STRAR'S STO	GNATURE	/
	1	Margaret	4/1/23 26	. 3	78 W.13-	glerce DATE.	4 100		0 20		
	40	( Walk	1 18-7884 69				4 .00		et al III	middle.	

TO HOSP. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be in clined by the haspital or altending physician.

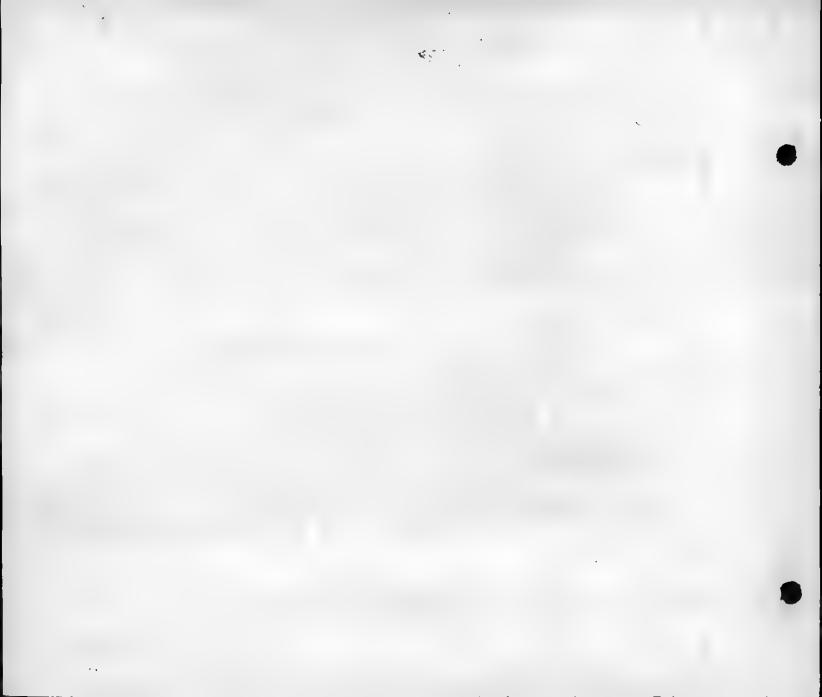
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fived with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59



deoth.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

64097

	40.									
PLACE OF DEATH COUNTY	b. COUNTY Anne Arundel c. LENGTH OF STAY IN 16 b. COUNTY Anne Arundel c. COUNTY Anne c. CO	ssian)								
b. City or Town (III  Brooklyn	autside carparate limi grest town)	ls, write			ar & T	,	ate limits, write RL	JRAL and giv	re nearest fav	vn)
OR INSTITUTION			address)			w Road			ON.	A FARM?
				еу	Last	OF		_	Doy	Year 1960
5 SEX							last birthday)		_	1
Floor Fin	IN (Give kind of work or ing life even if retired isher	dane 10b.			W. Virgin	ia	ountry)		_	COUNTRY?
					14. MOTHER'S MAIDEN N	NAME				
John E	ckley									
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice] [				kley	_	ess		
Canditions, if or gove rise to it cause (a), stating lying cause last.	DUE TO  y, which n mediate the <u>under-</u> (c)  IER SIGNIFICANT CON	) DITTONS (	ASC V D.	H BUT NO	OT RELATED TO THETERM	INAL DISEASE		EN IN PART	PERF	ORMED?
ZOc. TIME OF INJUR	MEDICAL EXAMINER) Y Month, Day, Ye	or 20d. II	NJURY OCCURRED 2	De. PLAC	OF INJURY (Home form	n, 20f (City		(Co	ounty)	(State
saw the decease 220. SIGNATURE	ed alive an_1	ren	26.19 and t	hat dec	ATTENDING MPHYS.  22d ADDRESS	ED. TOR	STAFF PHYS	d on the	date state	ed above 226. DATE SIGNED 960
REMOVAL (Specify)								. "	,-	,
			ADDRESS		25a REC	D BY REGIST	RAR 25b. REGIS	TRAR'S SIGN	NATURE	





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otter decin. rade #		d n by the funeral director,	and 2 should be filed yeth	2	A /t
ICING THISICIAM: The Idw requires that the death certificate be executed within 24 to their death. Tuge 4		After this certificate has been signed by the attenuing physician and cample titled in by the funeral director,	hed for use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filed with	th priar to burial, cremation, ar remayal, and in any event within thours after death	
CINC LUISICIAN: The Idw requires the	haspital ar attending physician.	After this certificate has been signed by	hed for use as the burial-transit permit.	th priar to burial, cremation, ar remaval,	~

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may bened by the haspital ar attending physician.	• FUNE IN BIRECTOR: After this certificate has been signed by the attending physician and cample III filled in by the	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 sha	the State Board of Health prior to burial, cremation, or remayal, and in any event vithing pour offer death
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VR A1S (4) TSM 9/S9

		4	136	CERTIFIC	ATE	OF DEATH				- 4/	
1.	PLACE OF DEATH a. COUNTY	Anne Arunde	el	MARYLAI	- 11	USUAL RESIDENCE (WHO A STATE		b. COUNTY .	Residence bei		sion)
	b CITY OR TOWN (I RURAL and give no Annapo			ength of STAY IN	1b .	c. CITY OR TOWN (IF o		imis wate RUR ensville	_	earest tow	n)
Aı	d NAME OF HOSP T	AL (If not in hospital, s 1 General I		355}		A STREET ADDRESS					SIDENCE A FARM? NO [3]
3.	NAME OF DECEASED (Type or print)	Fii Ma <b>ry</b>	rst	Middle		Lost ELLZEY	4. DATE OF DEATH	Month April	20	Day D	Year 19 60
Ĺ.,	sex Female	6 COLOR OR RACE White	7 MARRIED [ WIDOWED [	NEVER MARRIED   DIVORCED		February 1	2,1872		Months Days		ER 24 HRS Min
100	during most of work	king_life, even if retired	done 10b. KINE  }	O OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stole  Maryla		try)	12 CITIZEN	U.S.	COUNTRY?
13	TAME	SCHE	stow		14	CHARLO7	TE 1	2 5	TEL	1.2	
15, (Y)		R IN U. S. ARMED FOR (If yes, give wor or doles of i		IAL SECURITY NO.	17. INFOR	en Chesto	n. We	ist River	e Md	<i>i</i> .	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Cen	(0), (b), and (c).]	fai	lun			IN OI	TERVAL BE NSET AND	TWEEN DEATH
	Conditions, if of gave rise to it couse (o), stoling lying cause lost.	ny, which (b) (b) (b) the under-	, Och	resclevel	u e	ender on	who do	island		30 m	-07 -
CERTIFICATION	PART II. OTH		IDITIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM!	INAL DISEASE C	ONDITION GIVEN	N IN PART I(o)	PERFC	ALTOPSY ORMED?
	20s. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCI	URRED. (E	nter noture of injury in l	Part I or Part II	of item 18.)			
MEDICAL	20c TIME OF INJUR Hour o. m. p. m	Y Manth, Doy, Ye	ar 20d, INJUR While of work	Y OCCURRED 20 Nat while all work	e. PLACE factory,	OF INJURY (Hame, farm, street, affice bldg., etc	1, 20f. (City or )	town)	(Cauni)	r)	(Stote)
		at (1) (this haspita sed alive on Apr		60		h occurred of 7:00		e couses and		te stoted	
	22c. PHYSICIAN'S NAME (Type)	Richard N.	Peeler		M.D	PHYS DI 22d. ADDRESS	RECTOR L	phγs □ Annapo	lis, M	1√20/ 1•	60
230	BURIAL, CREMAT C		160 C	rist C	RY OR CR	EMAJORY	23d LOCATIO	N (City, lown, or	county)	Vard	ie)
24	Dernar	'S SIGNATURE	Vardess	ADDRESS Gales	vill	250. REC DATE A	D BY REGISTRA PR 25 '60	R 2Sb REGISTI	RAR'S SIGNAT		



4185 **CERTIFICATE OF DEATH** Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND eral be f c. CITY OR TOWN Ill outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Alland (Dre nearest town) shauld of in hospital, give street address) d. NAME OF HOSPITAL (IF) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE First Middle 4. Month Dov DECEASED DEATH (Type or print) 19 9. AGE (In/years joy bythday) IF UNDER 1 YEAR IF UNDER 24 HPS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED DATE OF BIRTH Months Doys Hours DIVORCED [ WIDOWED M 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY HPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dering most of working life, even if retired) carbon 13 FATHER'S NAME Ť гетоме HOURS WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY MO Address If yes, give war or dates of service) 2 edse 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** å Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. burial-transit (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19 WAS AUTOPSY PERFORMED? YES [7] NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of stem 18.) 8 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg , etc.) Hour b. m. of work of work 21. I certify that/ attended the deceased from. 195 Lithat I last saw the deceased alive on and that death occurred of .M. from the causes and on the date stoted above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIREC prior shauld PHYSICIAN'S registrar NAME (Type) Annabolis E.S DATE THEREOF 22c NAME OF CEMETERY OR CREMATOR 22q\_BURIAL, CREMATION, 22d. #OGATION (City, town, or county pode EMOVAL (Spenify) 0 REC'D BY REGISTRAR 241 REGISTRAR'S SIGNATURE 240 VS A15 (4) 1SM 9/55

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

04161

				<b>419</b> (	CERTIFICA	ATE OF DEATH		04101	
	1. (Ty	NAME OF DECE	ASED Wilbur	R. F	rdman		2. DATE OF DEA	60	
		PLACE OF D	DEATH IN BALTIME  ALL MAN SPITAL OR ADDRESS ON LOCATION ADDRESS ON	VistiBitiON GIVE	4	a. STATE	here deceosed lived If institute a. COUNTY  (If outside city lin	A constant party mits, write RURAL open give	
		NOTITION OF	52X1 3a1	lman Av	e.	Brooklyn  STREET ADDRESS  5210 Ball	man Ave.	, give location)	
	S. :	SEX M	6. COLOR OR RACE	WIDOW	LE, MARRIED, VED, DIVORCED (Specify) Pried	8. DATE OF BIRTH 10/11/86	9. AGE (In years last birthdoy) 73	Months Days Hours	Min.
	10 wor if re	A USUAL OC k done during stired) PO (	CUPATION (Give kind most of working life, e Carrier	of 10s KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	13.	FATHER'S NAM	lliam H. Erd	man		14. MOTHER'S MAIDEN N Jennie			
	15. (Yes,	Was Deceased , no or unknown) NO	Ever in U. S. Armed Farc [If yes, give wor or d		16. SOCIAL SECURITY NO.	17. INFORMANT Famil	3c. + 1100	Same OIL	10-
	CERTIFICATION	(This does not heart follure, injury or co	E OR CONDITION DI LEADING TO DEATH DI mean the mode of osthenia, etc. II meons implication which cou ANTECEDENT CAUSE: PR CONDITIONS, IF A G CONDITION LAST.  III CICANT CONDITIONS CO SEATH BUT NOT REI	dying, e.g. I the disease, used death)  NAY, GIVING TATING THE		arcinoma Bladder tasteon in	Squarous with low the follow	ONSET AND DI	lois
	IL CERT	DISEASE OR C	ONDITION CAUSING IT.	19a. DATE OF	*	98. CONDITION FOR WHICH	OPERATION BLOSSO	20. AUTOPSY? YES	
			april 39	19 B C	d the deceased from, that (I) (we) last saw	the deceased alive ar	Clyna and on the date stated o	195 29 19 bove	60
1		23A. SIGNATU	HYS MED. DIRECTO	LI 9- OR O STAFF	PHYS CI M. D. 23	a. ADDRESS 320 /	25, M	23c. DATE SIGNED	16
	RE/	A. BURIAL, CRE MOVAL (Specify Burial	MATION, 24s. DATE 5/2/	60	NAME OF CEMETERY OR CRE		Prooklyn, Md.		(State)
	25.	17.04	1960	251, NAM	AE OF REGISTRAR	25c. FUNERAL DIRECT	Tuneral homes 1	ADDRESS L3U E. Fort .	

M OF INFORMATION SHOULD BE CAREFULLY EUPPLIED. WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

THIS IS A PERMANENT RECORD.

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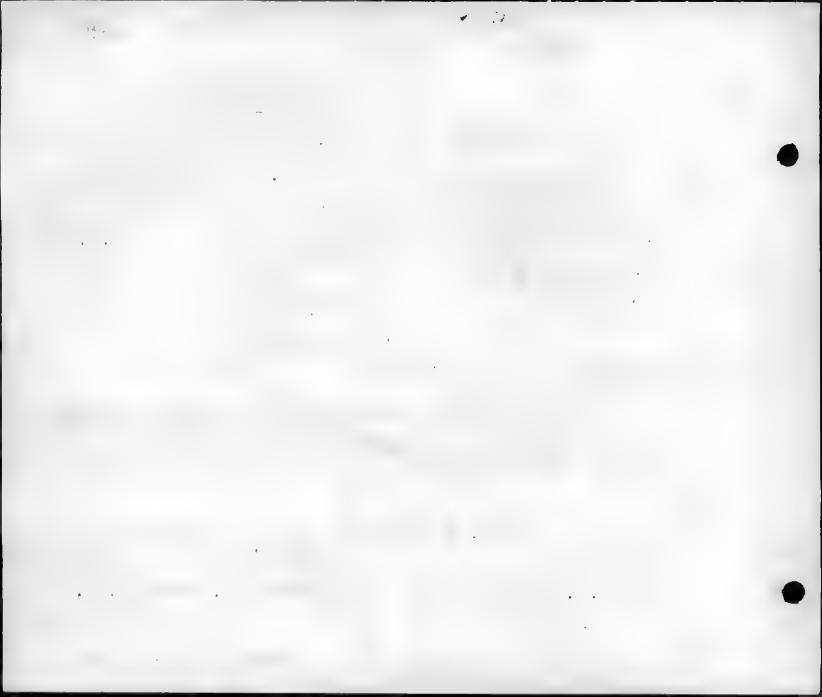
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 64162 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) after death. Page o. COUNTY b. COUNTY be filed Anne Arundel MARYLAND Marvland Anne Arundel funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluous 10 minutes RURAL - Edgewater Annapolis d. NAME OF HOSPITAL (Legt in hospital give treet address)
OR INSTITUTION (Emergency Room) d STREET ADDRESS IS RESIDENCE ON A FARM by 2 Rt-2 Box-157 Anne Arundel General Hospital YES NO D NAME OF Middle Lost 4. DATE Month Day Year filled DECEASED OF EVANS. Sr. 1960 Pages death. William DEATH April (Type or print) enry F UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED X NEVER MARRIED last birthday) Months Days Hours Male White January 1, 1880 DIVORCED T 80 yrs WIDOWED [7] popers. death certificate be executed 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. ATERMA Maryland and carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Laura Virginia Johnson remove 15. WAS DECEASED EVER 17 INFORMANT IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO ottending please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (ii), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO ģ Conditions, 'if ony, which permit gned gave rise to immediate **DUE TO** couse (b), stating the under-After this certificate has been si lying cause lost. ar affending physician. burial-transit b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TOTAL 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port Is of item 18.) the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20 20e PLACE OF INJURY (Home, form, 20f. (City or fown) TIME OF INJURY Month. Doy. Year 20d INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) USe Hour a.m While Not while at work at work D. m è 12.59 19 60, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from April April ä detached saw the deceased alive an April 14, 1960 M, from the causes and on the date stated above. . and that death accurred at FUNERAL DIRECTOR: 226 SIGNATURE 226 DATE 1:35A. SIGNED ATTENDING DIRECTOR M.D PHYS PHYS [ ned 22c PHYSICIAN'S 22d ADDRESS 3 should NAME (Type ANDERSON 44 Southgate Ave.. Annapolis, Md. LOCATION (City, tawn, or county) BURIAL, CREMATION: 23b page

ÁDDRESS

256 REGISTRAR'S SIGNATURE

arthur S. Kraus

250 REC'D BY REGISTRAR DATE -APR 1 8 '60



23d LOCATION (City, town, or county)

25a. REC'D BY REGISTRAR

DATE APR 28 '60

GISTRAR 256 REGISTRAR'S SIGNATURE

Centling S. France

	2.1	S7 CERTIE	FICA	TE OF DEATH		0	1100	
1. PLACE OF DEATH 6. COUNTY Anne An		MAR	<b>YLAND</b>	2 USUAL RESIDENCE (Who o. STATE		institution Reside OUNTY Washing		ion) /
b CITY OR TOWN RURAL and give	(If outside corporate limits,	write c LENGTH OF STAY	IN 1b	c CITY OF TOWN (If or	utside corporate timits			1)
Crownsv	ville	2mo. 3 da	ys	Keedysvil.	le		· .	
d. NAME OF HOS	PITAL (If not in hospital, giv	e street address)		d. STREET ADDRESS			e. IS RES	FARM?
Crowns	rille State Ho	ospital		Rt. 1			YES	NO [
3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	/	Year '
(Type or print)	M	amie		Fisher	DEATH	4	22	19 60
S. SEX	6 COLOR OR RACE 7	MARRIED X NEVER MARR	ED 🔲	B. DATE OF BIRTH	9 AGE (		YEAR IF UNDE	
Female	Negro	VIDOWED DIVORCE	D 🗆 🗼	1901-541	58	yrs Months	Doys Hours	Min,
10a USLAL OCCUPA	TION (Give kind of work do orking life, even if retired)	ne 10b. KIND OF BUSINESS (	OR INDUS	TRY 11 BIRTHPLACE (SMITE	or foreign country)	12. CI1	ZEN OF WHAT	OUNTRY
Unknowr				Unknown'	SHAKPSBUI	CINOS	U.S.A	•
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME			
Unknov	m CHARLES	hEETS		Unknown	ALICE			
15. WAS DECEASED E	VER IN U. S. ARMED FORCE		). 17. IN	IFORMANT		Address		
Unknown	fit yes, give wor or ones or serv	Unknown		Hospital Rec	ords			
18. CAUSE OF E	DEATH [Enter only one cous	e per line for (o), (b), and (c)	.]	/1 J			INTERVAL BE	
PART I, C	DEATH WAS CAUSED BY:	Resovate	·	failuse			ONSET AND	DEATH
	DUE TO		7	1				
Conditions, if		Humostakie	1	7				
gave rise to	immediate (		1	,				
Lause (o), stational lying couse los	ng the under-	Marked.	Ins	nition				
A I	OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ON G VEN IN PA	PERFC	ALTOPS'
UF EITHER, NOT	WAS UNDERLYING 2 NG CAUSE OF DEATH FY MEDICAL EXAMINER	0b. DESCRIBE HOW INJURY C	CCURRE	). (Enter noture of injury in F	ant I or Port 11 of Hen	18)		
	URY Month, Day, Year	20d. INJURY OCCURRED  Athele _ blat while _ at work  at work	20e PL	ACE OF INJURY (Home, farm, tory, street, office bida., etc.	20f. (City or town)		County)	(Stot
21. I certify t	hat (I) (this haspital)	attended the deceased	fram	2/19 19	$60_{\text{Ata}} 4/2$	2 19	50, that (1) (	wel la
saw the dece	ased alive on $4/2$	2 , 1960 , and	Libert	eath accurred at 4:1				
220 SIGNATURE		of Resoner		ATTENDING ME	D STAFF			DATE AJGNI
22c PHYSICIAN	MAN HELL	y regular	_	M.D. PHYS DII	RECTOR PHYS	<b>₩</b>	4	1221
MAN TO THE TANK	3 / 6							

NAME OF CEMETERY OR CREMATORY

ADDRESS

BOONSBORD

VR A1S (4) 15M 9/59

BURIAL, CREMATION, .REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF



Division of STATISTICAL RESEAR EET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S FOR STATE PLACE OF DEATH 2. USTIAL RESIDENCE (Where deceased lived, If institution; Residence before adm ssion) Page e. COUNTY ar death. If a selesy is necessary, and 3 to the funeral director. Page Heafth, Anne Arundel b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporete lim ls, c. CITY OR TOWN (If outside corporale I m.ts., write RURAL and a ve neerest town) r. LENGTH OF STAY IN 16 your write RURAL and give nagrest town) Rose Haven Arlington Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? retained f 5302 N. 18th Street Rose Haven Boat Club YES TO NO death. 3. NAME OF DATE Middle DECEASED 19 60 Age 5 may 1 and 2 with 1. with the **JOHN** HENRY GILLIGAN Apri] (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 55 yrs. White Male Days Hours 22, 1904 WIDOWED [ DIVORCED [ This certificate should be executed within 24 hours after word "pending" in pencil in Item 18. Give Pages 1, 2, at dical Examiner's Office along with form PM3. Page 5 n 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Medicine Pittston, Pennsylvania pages I within Medical Doctor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Joseph Gilligan Mary Flynn File event Office along with form burial-transit permit, File 15) WAS DECEASED EVER IN U.S ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) 5302 N. 18th Street Eileen B. Gilligan 18. CAUSE OF DEATH Enter only one cause per line for (e,, (b, and a INTERVAL BETWEEN \_⊑ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (e) Drowning DUE TO removai, Conditions, if eny, which (b) pave rise to immediate cause EQ. DUF TO (e), stelling the underlying 35 ö pesn causa lasi. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be ease execute the certificate, writing the word NO [ D 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I) or Pert II of item 18.) PRIMARY A or CONTRIBUTING burial, MEDICAL EXAMINER: CAUSE OF DEATH. Found floating in water 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20e. TIME OF INJURY Month, Day, Year (County) (Stelle) fectory, street, office bldg., etc.) While 2 Hour Jakax Not While\_ et work Anne Arundel Md. al work Water 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X Suicide Undetermined manner death resulted from. Natural causes. Homicide CHIEF MEDICAL EXAMINER (N) Kuni designated ACTUAL ASSISTANT MEDICAL EXAMINER 📆 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., M. Dadress (Street, city, lown, or county)

122c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C) NAME (Type) 百百 226, BURIAL, CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Columbia Gardens Arlington, mVirginia 0 4 0 g May 2.1960 Burlal 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Wiffson Blvd. al Home. VS. ATSME 160 archus S. Krous DATEMAY 4 5M 7/59 Arlington. Va.

MARYLAND STATE DEPARTMENT OF HEALTH

Items 18-21/711m 202

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CERTIFICATE OF DEATH

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)	1 PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before STATE b. COUNTY				ore admissio	en)	
	Anne Arundel Maryland Anne Arundel							
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	Crownsville 3mo. 16-yrs. / Eastport							
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
4	Crownsville State Hospital		314 Chester Avenue				YES 🗌	
Ī	3 NAME OF First Middle	6	Last	4. DATE	Month	Do		ear
	(Type or print) Sarah		Gray	OF DEATH	4	1.	$1_{-19}$	,60
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARR	IED 🔲	B. DATE OF BIRTH	9 AG		NDER 1 YEAR	-	
	Female Negro WIDOWED DIVORCE	ED 🗌	420 - 159	7-7 6	birthdoy) Mon	iths Days	Hours	Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS (	OR INDU	STRY 11 BIRTHPLACE (State of	r foreign country)	12	CITIZEN O	F WHAT CO	UNTRY?
	Housework	during most of warking life, even if retired)						
ı	13. FATHER'S NAME		14 MOTHER S MAIDEN N					
	Elias Booth		Julia 8	lamble	<u>-</u>			
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	0 17. IF	NFORMANT		Address			
	(19 yes, give war or dotes of service) Unknown	H	ospital Record	ls				
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	]					ERVAL BET	
	PART I. DEATH WAS CAUSED BY: Septicemia 2 Wes						2 weel	CS
	LL D D DUE TO							
	Continue if any mately Decubited Dicere - Old Right Hemineresis							
	gave rise to immediate NIETO							
	couse (a), stating the under Arteriosclerotic Cardiovascular Disease							
	Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19 Was autopsy Performed?  Mendel-Bechterew, Bronchopneumonia							
R.	TO ACCIDENT WAS UNDERSTOOD TO THE DESCRIPTION OF THE PROPERTY							
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 120f (City or town) (Caunty) (State)							
	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Have a.m. 20e. PLACE OF INJURY (Home, form. 20f (City or tawn) (Caunty) (State) foctory, street, office bldg., etc.)							
	21. I certify that (I) (this hospital) attended the deceased fram. 1/4							
	sow the deceased alive on . 4/1119 60, and that death occurred of 4 300, from the causes and on the date stated above.							
	226 SIGNATURE 226 PATE							
	Misseurd Willed Land		M.D PHYS TO DIE	ECTOR PHY	FF YS		4/13	2/60
	22c. PHYSICIAN'S 22d. ADDRESS							
	NAME (Type) Hildegard Heard Reissman, M. D. Crownsville State Hospital, Maryland							
	230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEN	METERY O	R CREMATORY	23d LOCATION (	City, lown, or/cou	inty)	⇒(Stote	) (
	REMOVAL (Specify) 4-14-10 (1-vt-ta	Cy 6	Les Trick	(1' ++++	dyling	, 3 y t	eks.	11/10
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS - 250 REC'D BY REGISTRAR'S SIGNATURE							
	- 1- Lunice Rai - 1 . 11	13 7	DATE AP	R 1 3 '60	J Chilling	1 L Than	MA	

with ofter death Page 4 director, be filled the funeral a oud PR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 campletely filly may be itemined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Page the State Board of Hearth prior to burial, cremation, ar remayol, and in any eyent, within 72 hours after deal the State Board of Hearth prior to burial, cremation, ar remayol, and in any eyent, within 72 hours after deal

VR A1S (4) 1SM 9/S9

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1	*	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
ماه الله أ عدرت	27	4190 CERTIFICATE OF DEATH  Reg. Dist. No.	trop officers of the
be filed with	1	1. PLACE OF DEATH O COUNTY O STATE	n)
ig ig		Anne Ardidet Harytaid Aine Ardidet	
	131	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Pasadena, RFD  5 yrs.  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Application of the composition of the composi	
the fund	×	d. NAME OF HOSPITAL (If no) in hospital, give street address) OR INSTITUTION  e. IS RESID ON A F	ENCE
g B B	100	Magothy Beach Rt.5 Box 191A, Riverside Dr. 1915	***************************************
		DECEASED	60
Pages		S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	
S. Ge		Male White WIDOWED DIVORCED 2 rd April 1898 62 yrs. Manths Days Hours	Min
campletely filled papers. Pages 1 oth.		100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT Country during most of working life, even if retired)	OUNTRYP
ond c bon po		Carpenter (ret.) Armco Steel Co. Hoffmansville, Md. U.S.A.	
		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
physician smave car hours offi		(unknown) Hampshire Clara Gibbons	
physic emave hours	1 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
e re	1	no /////// unknown Mrs. Ethel P. Hampshire Same As #2	
Hending please re within 72		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	WEEN
A U		PART I. DEATH WAS CAUSED BY: MYO CARDIAL INFARCTION IMMEDIATE CAUSE (6) MYO CARDIAL INFARCTION	SIATE
The The		420./ DUE TO 0	
1 P		Conditions, if ony, which ) (b) CORONARY ATHEROSCLEROSIS 548	5-
gner in e		gove rise to immediate couse (p), stating the under.	
n sin		lying cause lost. (c)	
ysici bee trar	4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM	UTOPSY MED?
rial y	( ^ )	₹ YES □	но 🔲
ficate the bu	`\_'	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALPERORI YES   20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	
or off certi se as action,		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m.  p. m. 19 While Not while at work of work	(Stote)
to the re-			
Affer ed f		21. I certify that I attended the deceased from APRIL , 1957, to APRIL , 1960, that I last saw the d	
he l	1	alive on 4-2, 1960, and that death accurred at 10:45 PM, from the causes and on the date stated	
CTO Gel		ADDRESS (Sircel, city or town, slate)  DAT	E SIGNED
Prig & C		SIGNATURE AND M.D	7-60
houl	1	PHYSICIAN'S Leon C. Perry N.D. Glen Burnie, Maryland	
2 2 0		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote)	
		REMOVAL (Specify)   12th April 196M Cedar Hill Cemetery   Brooklyn RFD Maryland	
7		22 ELINERAL PURELTON CALIFORNIA DE LA PROJETOR DE LOCALITRO DE CALIFORNIA DE LA PROJETOR DE LOCALITRO DE CALIFORNIA DE LOCALITRO D	
VS A15 (4) 15M 10/57		Allowy the Glen Burnie, Maryland DATE APR 12'60 arking & Kruns	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4138 — CERTIFICATE OF DEATH

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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in other death. Page 4 may be a need by the hosp.tal or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2-should be filed with the State Board of Health prior to burial, cremation, or remark, and in gay event, within 72 hours after death.

VR A15 (4) 1SM 9/59

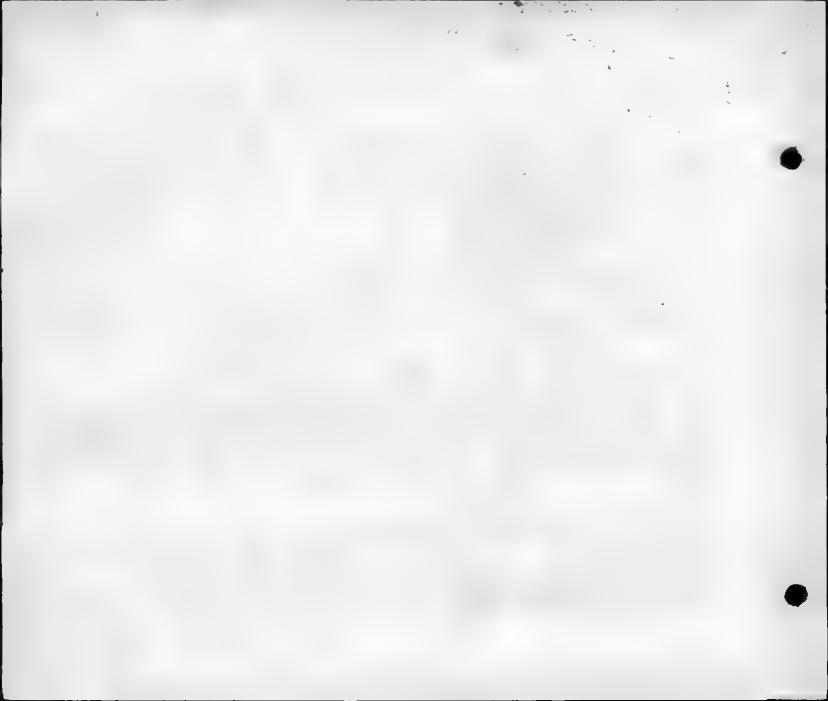
1, PLACE OF DEATH  o. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY			
	Anne Arundel Maryland Anne A					
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) Annapolis	e c. LENGTH OF STAY IN 16	/ A	utside corporate limits, write RU	RAL and give nearest town)		
d. NAME OF HOSPITAL (If not in hospital, give stre	// Annapolis /d. STREET ADDRESS @ IS RESIDENCE					
Anne Arundel General Hos		'	wood Ave.,	ON A FARM? YES NO TO		
3. NAME OF First	Middle	iasi	4. DATE Month	Doy Year		
(Type or print) Forest	B.	HARDER	OF DEATH Apri	/		
5 SEX 6. COLOR OR RACE 7 M	ARRIED   NEVER MARRIED	B DATE OF BIRTH		FUNDER 1 YEAR IF JINDER 24 HRS		
	OWED TO DIVORCED	March 3, 18	84 76 yrs	Months Days Hours Min		
100 USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired)	or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
Fireman	HTY FREMAIN	New Yo	rk	U.S.		
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN N	AME			
Robert J. Ha	rder	Minne	ME Ca	le		
15 WAS DECEASED EVER IN U. S ARMED FORCES?  {Yal. no. or unknown}   (If yes, gave wor or dates of service)	16. SOCIAL SECURITY NO. 17, II	NFORMANT	Addre	35		
fit has an or action or serviced		forest W.	Harder	(2)		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]						
PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (6) CASSACTUA HILLY TOURS TOURS ON SET AND D						
DUE TO						
Condition ( and which)						
gove rise to immediate						
cause (a), stantage land						
, (1)						
PART II OTHER SIGNIFICANT CONDITION				PERFORMED? YES NO N		
20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)						
20c TIME OF INJURY Manth, Doy, Year 20c Hour o m. 19 of						
Hour o m.  While Not while foctory, street, office bldg , etc.}						
21 1 certify that (I) (this haspital) attended the deceased from 4/7/11/15/11, to 4/14/11 (We) lost						
sow the deceased alive on 4/1/2 / .19/2 and that death accurred atM, from the causes and on the date stated above.						
22d SIGNATURE	1	1:15	P	22b DATE		
1 Manni IKlus	TAUA	M.D PHYS DI	RECTOR PHYS	4/18/60 SIGNED		
22c. PHYSICIAN'S 22d. ADDRESS						
NAME (Type) Maurice Klawans 31 Southgate Ave., Annapolis, Md.						
230_BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	DR CREMATORY.	23d, LOCATION (City, town, or	r county) [State]		
MOVAL (Specify) (16 19-19)	a Ludring E	Well Cont	(Imah)	eles mo		
24 FUNERAL DIRECTOR'S SIGNATURE	() ADDRES	25g. REC	D BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE		
John M. Jay Cor	Jun Comop	MILLIAN.	10 0 0 100	1 24		



BULEU 4139 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institutions Residence before admission) o. COUNTY  $\mathbf{R}\mathbf{I}$ **b.** COUNTY MARYLAND ero CHY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CIPTOR TOWN (If outside carporate limits, write RURAL and give nearest town) þe URAL and give nearest town) should d. NAME OF HOSPUTAL (If not in hospital give )treet address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W and NAME OF 4. DATE Middle Month Day DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min 8 WIDOWED M DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon 13. FATHER'S NAME MOTHER'S MAIDEN NAME physician hours гетоме WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wor or dates of service) 2 18. CAUSE OF DEATH [Enter only one cause per lige for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO** permi. Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) õ 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour a.m. While Not while ot wark ot work 10-21. I certify that I attended the deceased fram. 1952 that I last saw the deceased , and that death accurred at 5 125  $\mathfrak{K}$ , fram the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DIRECT **ACTUAL** SIGNATURE prior should PHYSICIÁN'S Oliver Purvis NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) virial 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Chilman S. France 160 15M 9/SS

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Anne Arundel Anne Arundel Marvland death. 101 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Annapolis Annapolis d STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anne Arundel General Hospital 46 Layfette Avenue NAME OF 4. DATE Zaz Pirst Middle Lost Month DECEASED DEATH [Type or print] Holt Benjamin 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED B. DATE OF BIRTH Chlored DIVORCED [ Male WIDOWED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 172 81RTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician hours гетал WAS DECEASED EVER IN U. S ARMED FORCES? VI6. SOCIAL SECURITY NO. 17. INFORMAN Address CAUSE OF DEATH [Enter only one couse per fine for (a), (k) and (c) ď PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) factory, street, affice bldg , etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 19. 11 that I last saw the deceased and that death occurred of 1/451-M, from the causes and on the date stated above. olive on DDRESS (Street, city or town, state) DIRECT ACTUAL SIGNATURE prior should PHYSICIAN'S Clay Street, Dr. R. L. Richardson NAME (Type) Annapolis. Maryland n 225 DATE THEREOF 22a. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY egod **REMOVAL** (Specify

**ADDRESS** 

Reg. Dist. No.

Months

IS RESIDENCE

YES NO IX

Year

IF UNDER TYEAR IF UNDER 24 HPS

12. CITIZEN OF WHAT COUNTRY?

United States

INTERVAL BETWEEN ONSET AND DEATH

YES [

(County)

246. REGISTRAR'S SIGNATURE arthur S. Hanne

240. REC'D BY REGISTRAR

NO.

(Slole)

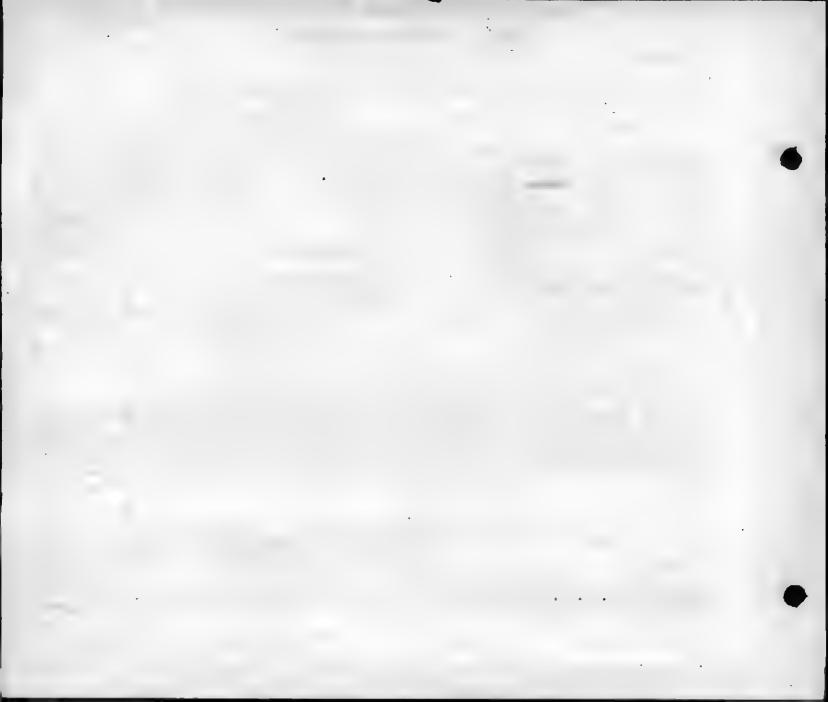
DATE SIGNED

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FUNERAL DIRECTOR'S SIGNATURE



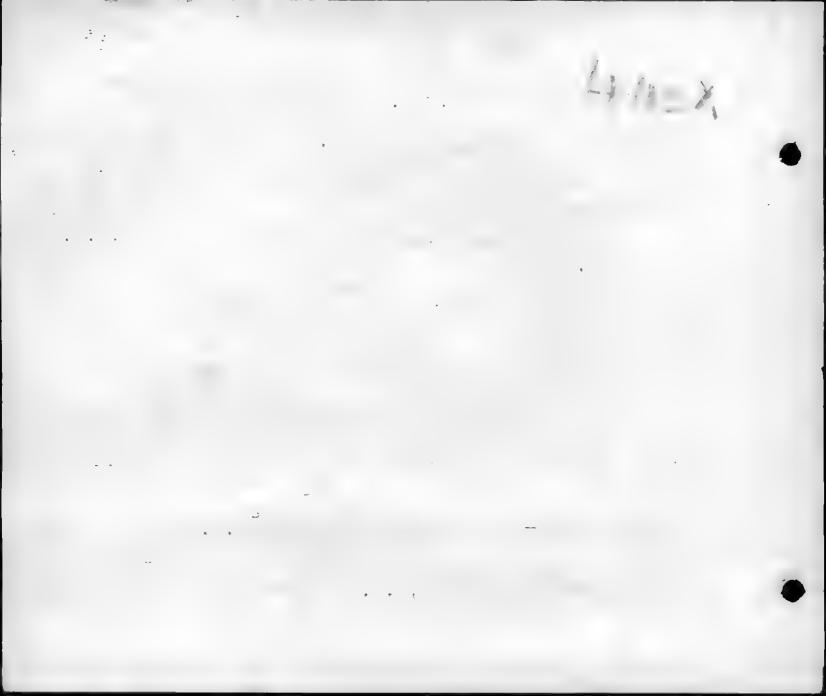
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4197 CERTIFICATE OF DEATH

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O HOSPICATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be in and by the hospital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 3 should be detached for use as the buriol-fransit permit. Then please ramove combon pages. Pages 1 and 2 should be filled in prior to buriol, cremotion, or removal, and in any event within 12 bours after death.	
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O HOSPICATENDING PHYSICIAN: The law required be to used by the hospital or attending physician. DENERAL DIRECTOR: After this certificate has been signoge 3 should be detached for use as the burnal-tronsit the light Board of Health prior to burial, cremation, or required.	
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TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death Page 4 may be in and by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please ramove carbon pages 1 and 2 should be filled in prior to buriol, cremation, or removal, and in any even four, shours after death	

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1	PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2 USUAL RESIDENCE (WHO STATE Maryland	ere deceased tived,	If institutions R	esidence before o	dmissron)
	b CITY OR TOWN (If outside corporate limits write CRURAL and one pearest town)	3yrs. 7mos.	c. CITY OR TOWN (IF o	utside corporate lim			tawn)
	d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Crownsville State Hospital	t address)	d street address 41 N. Gorma	n Avenue		- (	S RESIDENCE ON A FARM? ES NO X
3	NAME OF DECEASED (Type or print) Lottie	Middle Jac	Last K <b>son</b>	4. DATE OF DEATH	Month	Doy 13	Year 19 60
	SEX 6. COLOR OR RACE 7. MAR  Female Negro Widow	RRIED NEVER MARRIED	7/15/1878	9. AGI	E (In years IF U	INDER 1 YEAR IF I	
100	d USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if rehred)  UNIKNOWN	KIND OF BUSINESS OR INDUS	TRY: 11 BIRTHPLACE (Stote: Maryl		1	U. S.	
13.	John W. Matthews		14. MOTHER'S MAIDEN N	IAME			
15.  Ye	, WAS DECEASED EVER IN U. S. ARMED FORCES? 16	s. social security no. 17 in unknown	Medical	Records	Address		
TIFICATION	gove rise to immediate cause (a), stating the under lying couse last.  Part II OTHER SIGNIFICANT CONDITIONS  Chronic Brain Syndrome	Uremia teriosclerotic	NOT RELATED TO THE TERMI	NAL DISEASE CONI	DIT ON GIVEN I	Disease	WAS ALTOPSY ERFORMED?
MEDICAL CERTIFI	20c TIME OF INJURY Month, Day, Year 20d	e Not while for	CE OF INIURY (Home form tary, street, office bldg, etc		(n)	(Caunty)	(State
	21 I certify that (I) (this haspital) attentions as the deceased alive an 4/13.  22a SIGNATURE  THAT ALIVE TO STATE THE ALIVE TO STATE THE ALIVE TO STATE TO STATE THE ALIVE THE ALIVE TO STATE THE ALIVE THE AL	19_60, and that d	eath occurred at 10:  M.D ATTENDING ME PHYS DII  22d. ADDRESS		ff	14-60	ated abave 22b DATE SIGNEI
	BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify) 4-18-60	23c NAME OF CEMETERY OF	STAR! (RM	23d LOCATION (C	NSVILL	LE, Mc	(Stote)
24	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'I	D BY REGISTRAR	ZSL REGISTRA	R S SIGNATURE	В

VR A1S (4) 1SM 9/59



gral director,

may be the last led by the hasp-tal ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the attending physician and campletely filled in by the attending physician and campletely filled in by the Funeral Director State of the filled in by the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

a after death Page 4

)		PLACE OF DEATH	Anne Arund	el	MARYL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel							
		L CITY OR TOWN (I	f outside corporate limi	its, write c.	LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If or	utside corparate lir						
		RURAL and give no	apolis		2 days		X RURAL	- Annapo	lis					
	1	d. NAME OF HOSPIT	AL (If not in haspital, g	jive street addr	ress)		d STREET ADDRESS  e IS RESIDENCE ON A FARM?							
	A		el General	Hospita	al		Rt-2,	Box-382				NO 23		
		NAME OF DECEASED (Type or print)		ala	1 Har	し,	Lost JOHNSON	4. DATE OF DEATH	Month April		Day 4	Year 19 60		
	5. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B D								
	F	emale	Negro	WIDOWED	DIVORĈED		April 2, 196	_	yrs //	onths Do	ys Hour			
	10a	USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote of	or fareign country)		12.CITIZEN	OF WHAT	COUNTRY?		
			and and another	, l			Maryla	ınd		U	J.S.			
		FATHER'S NAME				1	4. MOTHER'S MAIDEN N							
	W	illiam Ma	ck Kaham				Helen Marie	Johnson						
1	13		R IN U. S ARMED FOR		TAL SECURITY NO.	17, INFO	TIAM		Address					
1	L					1	Hospital	records						
_			ATH [Enter only one co	use per line fo	ir (a), (b), and (c) ]						INTERVAL	BETWEEN ID DEATH		
		PART I. DEA	TH WAS CAUSED BY: _[MMEDIATE CAUSE {c		Helicia	us_			Fro	m reco	Berg	3		
		762.5	DUE TO	, "	Pa	1.6	-							
		Conditions, if any, which gove rise to immediate couse (a), stoting the under-												
	Jying cause lost.   (c)   (c)													
	FICATION	PART II OTI	HER SIGNIFICANT CON	IDITIONS <u>CON</u>	TRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMII	NAL DISEASE CON	DITION GIVEN	IN PART I(	PERI	S AUTOPSY FORMED?		
	CERTIFI	20a ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OC	CURRED. (E	inter noture of injury in F	Port 1 or Port II of	item 18.)					
	MEDICAL	20c TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. INJUI White of work	Not while	20e. PLACE foctory	OF INJURY (Home, farm, , street, office bldg., etc.	20f (City or to	wn)	(Cau	nty)	(Stote)		
	_		at (IV this bossita			E A.	pril 2 196	O to Ann	41 4	1060	that (II)	Aug last		
		1		-			h accurred at	_						
		220 S GNATURE	Election 1		_ 17_929.7 dna_1	inai_ded	1:35P			on me o		22b DATE SIGNED		
			Kily /	1 resci	re	M D		D STA RECTOR PH	YS. 🗆			3.01120		
		22c PHYSICIAN'S' NAME (Type)	. 0	,			22d. ADDRESS	2 01						
				.scoe			95 Cathedr	al St.,	Annapol	13, M	id.			
	230	REMOVAL (Specify)	4-9-19	60 Z	BADER	TERY OR C	eck	23d rigcyfion	larg	are	工人	MCC		
	24	JUNERAL DIRECTOR	's SIGNATURE	2#.6	ADDRESS	a,	DATE AL	BY REGISTRAR	25b. REGISTR	AR'S SIGN.		/		
	5	2063	17/X	VI			7		*					

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		21.	14	CERTITIO		01 0						
1 PLACE OF DEA					- 11 -	USUAL RESI	DENCE (Wh	ere deceased	lived If instituti	on Residence	before ade	mission)
	Anne	Aruno	del	MARYLAI	(D)	, JIMIL	Maryl	and	B. COUNT	Anne	e Arui	ndel
	WN (If outside co		s, write	c LENGTH OF STAY IN	1Ь (	. CITY OR	TOWN (If o	utside corpo	rote limits, write R	URAL ond gr	re nearest h	own)
Ann	apolis					<u>)                                     </u>	Annar	olis				
OR INSTITU	OSPITAL (If not i				1/	d. STREET /			0.1		e. IS ON	RESIDENCE
Anne Aru	ndel Ger	neral l	Hospi	tal		1019	Smith	ville	St.		YES	□ NO
3 NAME OF DECEASED		Firs	ों .	Middle		lo	st	4. DATE OF	Mar	ath	Doy	Year
(Type or print)		Annie				HNSON		DEATH	April	7	7	1960
5. SEX		1		HED NEVER MARRIED		JE OF BIRT		40/	9 AGE (In years lost birthday)		YEAR IF UN	NDER 24 HRS
Female	Negr		WIDOWI				12, 1		64 yrs			
dyring most of	IPATION (Give ki Fworking vife, zev	nd of wark d 'en if retired)	lane 10b.	KIND OF BUSINESS OR II	NDUSTRY			ar foreign o	ountry)			AT COUNTRY?
1162C	RETURY	ll_					yland				U.S.	
13 FATHER'S NAM		/		· V · · · ·	10 14	. MOTHER:	MAIDEN N	AME	Bak	000		
Rear	72UA	1611	LIV	Sar a	INFOR	<u> </u>	ree	W C	Add			
1S. WAS DECEASE (Yes, no, or unknown)		at or dates of se		SOCIAL SECURITY NO.	d lla	~a ()	Olive	16.	12 K	14	00.	242
In anna					RUL	ocys	nn	Sou!	017 8001	CHAI	200/	4.447
	DEATH Enter		use per lii	ne for (o), (b), and (c).]	۸.			744	. fins	160-0-1		ND DEATH
103	IMMEDIA	TE CAUSE (o)	1/1	ovely	gall.	en-tu	~	2	Cray -	se perce	-	
1777	d-	DUE TO	La	and Production	· 6	-		1				
	, if ony, which to immediate	(0)	125	newinged	THE L		HUE WY	Zer ige Zer				
couse (o), st lying cause	oling the under-	DUE TO										
		J (c)	DITIONS (	ONTRIBUTING TO DEATH	RUI NOT	PELATED TO	THE TERMI	NAI DISEAS	E CONDITION GO	VEN IN PART	1(a) 19 W/	AS AUTOPSY
P. P		1471114011	2.110110			1001120	O I ( ) E TENION	1716 6106110	2 0011211101101		YES	RFORMED?
PART I	T WAS UNDERL	YING ET	20b. DES	CRIBE HOW INJURY OCC	JRRED. (Er	iter nature	of injury in I	art 1 or Por	t It of item 18.)		123	MA NO LI
OR CONTRIB	JTING CAUSE	OF DEATH			, , , , , , , , , , , , , , , , , , , ,		. ,					
	INJURY Month,	Day, Yeo	r 20d. II	NJURY OCCURRED 20	. PLACE (	OF INJURY	(Home, farm	, 20f (City	r ar town)	(Co	ounty)	(State)
20c. TIME OF Hour		19	While of wor	Not while	factory,	street, affic	e bldg., etc	)				
	p. m.	. 1 11			Re	nt.	10	55.	Ann. 7	1060	Al A C	15.4 5.1 .
				led the deceased fro						1960		
22a SIGNATE	eceased alive	an Apr.	<u> </u>	19,60 , and th	at deatt	accurre	6:1	m, from	the causes at	nd on the	aate stat	rea above. 22b DATE
	6 6	,	166	Es	M D.	ATTENDIN	IG _ MI		STAFF PHYS		1.1	8/60
22c. PHYSICI			and the same of th			22d ADDR		ALCION L			47	0/00
NAME (T	ype) A.	r. All	en			62 C	athedi	cal St	., Annap	olis,	Md.	
23a BURIAL, CRE	MATION, 236. D	ATE THEREO	F	23c NAME OF CEMETE	RY OR CR				TION (City, town,		1)01	State
BINAL S	cecty) :	10-10	627	Brein	en	41	el	UM	Man	rles	MI	d.
24) FUNERAL DIRE	CTOR'S SIGNATE	JRE /	,	ADDRESS		1/		D BY REGIS	TRAR 266 REG	STRAR'S SIGN		
Y a !     / / /		1.1	/	11/1 . 1 1 1	11 1	11/1/	0.0	A 4 9 1	KD 1 (2)	17.00	Transala	

may be it and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 2 shauld be filled with the State Board of Health prior ta burial, cremation, or remayal, and in any event, within 72 hours after definit after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4193 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY o. STATE **b** COUNTY MARYLAND Anne Arundel Marvland Anne Amindel b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Severn Severn d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO Box 272 3. NAME OF . First Middle 4. DATE Month Day DECEASED 0015 DEATH (Type or print) 19606 5. SEX 4. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TO NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) Manths Days DIVORCED [ WIDOWED | Male yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Burner Service Service Man Baltimore, Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hemrietta Niemann Charles A. Johnson 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Yes Thelma Johnson (Wife 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) PM DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), staling the underlying cause lost, PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while at work p. m. of work 21. I certify that I attended the deceased from 19 60 that I last saw the deceased and that death occurred at 11 - AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED ACTUAL** SIGNATURE PHYSICIAN'S

te has been signed burial-transit permi and detached buriof, DIRECTOR: 3 shauld 2 VS A15 (4) 15M 10/57

director, iled with

filed

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pup

deoth: Poge

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. FUMBRAL DIRECTOR'S SIGNATURE

NAME (Type)

Glen Haver **ADDRESS** 

22b. DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY

Glen Burni

22d. LOCATION (City, town, or county)

(Stote)

24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Glen Burnie, Md. arthur & Henris ADR 1 3 '60

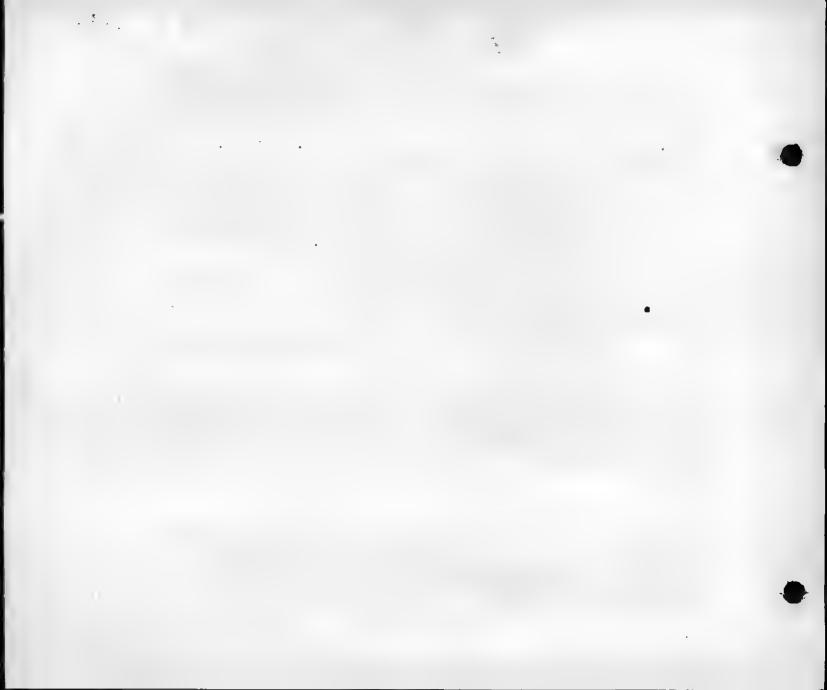
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Reg. Dist. No.

4143 CERTIFICATE OF DEATH

1.	LACE OF DEATH COUNTY Anne	Arun <sup>*</sup> el		MAR	YLAND		esidence (wh Marylar		d lived If institute b. COUNTY	on Residenc	e before	admissi	ion)
	CITY OR TOWN (IF RURAL and give ned Annaboli:		s, write	c. LENGTH OF STAT	r IN th	c CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town]  Annapolis							
		LL (If not in hospital, gi	ve street o	oddress)		/	/d. STREET ADDRESS  3C N. Glen Ave.  e. IS RESIDEN ON A FAR YES NO						
3.	NAME OF DECEASED (Type or print)	Fin MAL-Y	1	Middl E		ONES	Losi	4. DATE OF DEATH	Mon APRII		Day	Υ	9 60
5. S	omale	6. COLOR OR RACE	7. MARR	IED NEVER MARK	IED 🔲	8. DATE OF 8	RTH . 1874		9. AGE (In years lost birthdoy)	IF UNDER	YEAR IF		
	USUAL OCCUPATION	N (Give kind of work d ng life, even if retired)	one 10b.			STRY 11. BIRTI	A	or foreign o			ZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME						R'S MAIDEN N	IAME			-		
	GE YRGE	WILL				M	ary Ear	cheart					
		IN U. S. ARMED FORG		SOCIAL SECURITY N	O. 17 I	NFORMANT			Add	ress			
	ne	no		none		s Sewel	1 Sweer	ney- I	aughter-	same	as #	7 2	
ATION	PART I. DEAT  ### 2	mediote Dur TO	aut	to my cro	ca.	l'avolu	las di	NAL DISEAS	E CONDITION GIV	EN IN PART	ONSET 15	WAS A PERFO	DEATH  AUTOPSY RMED?
MEDICAL CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	CRIBE HOW INJURY	OCCURRE	D. {Enter natur	e of injury in F	ort I or Por	t II of item 18.)			12 L	NO []4
MEDICA	20c. TIME OF INJURY Hour o.m., p. m.	Month, Doy, Yea	r 20d. IN While of work	NJURY OCCURRED Not white of work		ACE OF INJUR clory, street, of			or lown)	{C	ounty)	······	(Stote)
	ACTUAL SIGNATURE	of I attended the		and the		, 19 <u>5</u> accurred o	ol. 60 46	ADDRESS (S		state)	e date	state PA	d above. TE SIGNED
	SEMOVAL (Specify)	Apr. 7,10		Remingto	n Cet	R CREMATORY			rion (City, town, oning ton,		nia	{Stote	:)
23	Hoperna Electron's	MIGNATURE !	Lu	Address Annapoli	s, Ma	aryland	1	1 1 160		TRAR'S SIG	-		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4144 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with Page . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND 48 U D D death. funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CLDK OR TOWN of outside carparate limits, write RURAL and give nearest tawn) RURAL and give negrest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 YES NO T ond NAME OF Middle 4. DATE Lost Manth Day Year DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF SIRTH AGE (In years last on the ay) Manths Days Haun Min WIDOWED [ DIVORCED [ YIS. 10a USUA) OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, seen if retired) 12. CITIZEN OF WHAT COUNTRY? USE WITE corbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician certificate remove hours WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY 30 min 034 CLA IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cattle (a), stating the underlying cause lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? hos YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Nat while at wark at wark p. m. 21. I certify that I attended the deceased fram.... . 19. , 19\_\_\_\_that I last saw the deceased burial, and that death occurred at 140 CM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DIRECT SIGNATURE PHYSICIAN'S NAME (Type) POLIS 3 5 FUNER. 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Jown or county (State) page REMOVAL (Specify) ě 0 UNERAL DIRECTOR'S SIGNATURE **ADDRÉSS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE PR 1 4 '60 arthur & Kraus 15M 9/55

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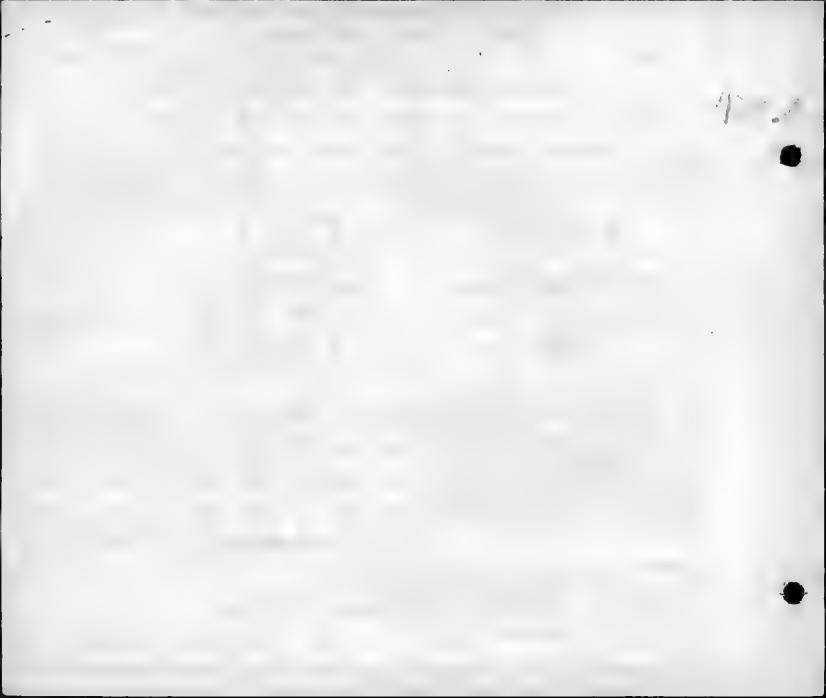
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VS A15 (4) 15M 9/55

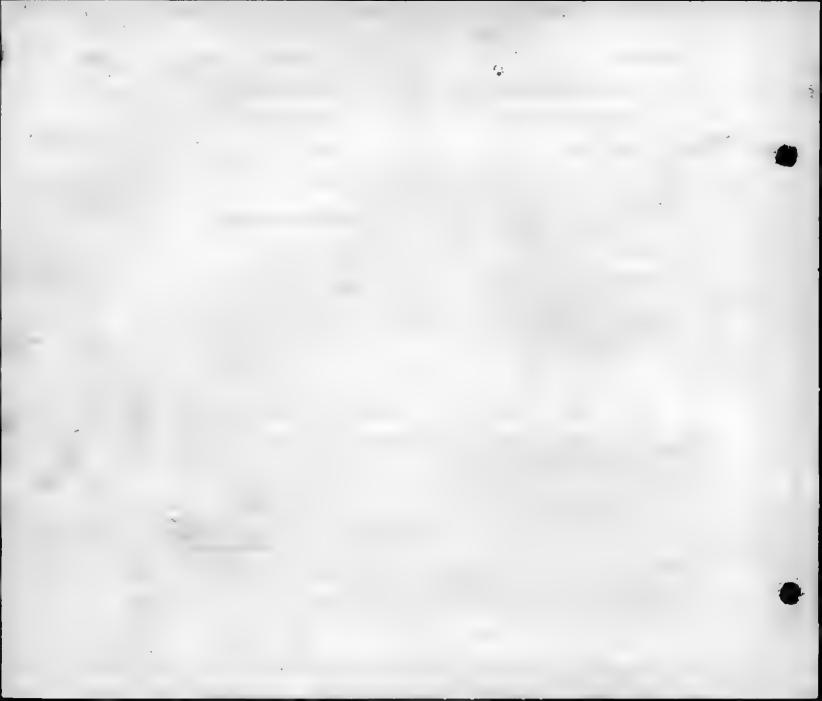
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4194 **CERTIFICATE OF DEATH** 

		Reg. Dist. No.
	1. PLACE OF DEATH Ame Arundelmaryland	2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL analysis nearest town)	c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town)
'	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Frendale Ave-, Feradale	1 d STREET ADDRESS  4 forndale Aver Ferndale  o is residence on a farm? YES   NO
	3. NAME OF DECEASED (Type or print) HATTIE Middle	KLEIN 4. DATE Month Day Year 13 1960
	5 SEX F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  6-22-1897  9. AGE (In years last birthday)  6-22-1897  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  ASSEMBLY HOSEK  COLVERT DISTIPLE	14 Balton, Md. U.S.A.
	John Lemeweber	14 MOTHER'S MAIDEN NAME Retherine Butgel-
_	11. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (18 s. no. or unipown) (18 year, give wor or dates of service)  214-01-6135	Alr. Elmer L-Kkin Same As#
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (b)	ronary occlusion Interval Between ONSET AND DEATH
	Conditions, if ony, which) (b) Arteriotel	erotie heart disease
	gave rise to immediate DUSTO	clerosip feneral
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a ACCIDENT WAS UNDERLYING  CAUSE OF DEATH  URL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20b DESCRIBE HOW INJURY OCCURRING III (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO  YES NO  YES NO  YES
		ED. (Enter nature of injury in Part t or Part II of item 18.)
		LACE OF INJURY (Home, farm, 20f. [City or town] (County) (State) actory, street, office bldg., etc.)
	21. I certify that Lattended the deceased from Manager alive an April 11, 1960, and that death	h accurred atM, from the causes and an the date stated above
	ACTUAL FORTH Tales,	M.D. ADDRESS (Street, city or town, stote) DATE SIGNED AND BOOK N.E.
	PHYSICIAN'S JOSEPH TALER	M.D. Glen Buture, Md.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY PRODUCT 1960 Mf-0/1Vet	DR CREMATORY 22d. LOCATION (City, lown, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stan Bens	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURES DATE APR 1 8 60



e admission) est town)  . IS RESIDENCE
est town)
, IS RESIDENCE
IS RESIDENCE
YES NO
Year 19 6 0
F UNDER 24 HRS Hours Min
WHAT COUNTRY?
A.A. Co-
EVAL BETWEEN ET AND DEATH
WAS AUTOPSY PERFORMED? YES NO M
(State)
w the deceased a stated above.  DATE SIGNED  LYNNIGHT
(State)
E P
Y W



Items 14 & 22a,b, CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed O. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest flown) 8 RURAL and give nearest town) should d NAME OF HOSPITAL (If not in hospital, give street address). STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D puo NAME OF Middle ( 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE MARRIED TENEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost bigshday) Months Dovs Hours Min. WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? dufing most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address ottending CAUSE OF DEATH [Enter only one cause perhape for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED 8Y-IMMEDIATE CAUSE (o) 1m:11 DUE TO á. Canditions, if ony, which (b) gave rise to immediate DUE TO couse (o), slating the under-MLK lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) So 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not-while at work of wark 21. I certify that I attended the deceased fram ! 19/26. . 19/22.that I last saw the deceased alive on , and that death occurred at 1997 AM, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATUR DIREC shavid PHYSICIAN'S NAME (Type) (r) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) pode REMOVAL (Specify) April Glen Haven Memorial 960 Burnie, Md 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arilar & Thousa DATE APR 2 9 '60 15M 9/55

MARYLAND STATE DEPARTMENT

OF HEALTH-BALTIMORE, 18



CERTIFICATE OF BEATH

64120

		41	45	CEKTIFICA	TE OF DE	АІП			0 4 4,		
1.	PLACE OF DEATH	Anne Aruno	dél (	MARYLAND	a. STATE	NCE (Whe		l lived. If institution b. COUNTY	Anne A		
	RURAL and give	'	its, write c. LEN	IGTH OF STAY IN 16	1.4			rate limits, write RI			
	OR INSTITUTION	ITAL (If not in haspital, g		1>	d. STREET AD					e. IS RESIDENCE ON A FARM?	
A	nne Aruno	lel General	Hospital	(DOA)	3	O Mur	ray A	ve.,		YES NO	
-	NAME OF (Type or print)	Morris	rst	Middle	LEGUM		4. DATE OF DEATH	April		Day Year 18 1960	
5. :	sex Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH	187		9. AGE (In years last birthday) 84yrs.	Months Day	AR IF UNDER 24 HR s Hours Min	
10a	during mast of wa	ION (Give kind of work rking life, even if retired ate Investo	done 10b. KIND C	resiness or indutal of roperties		CE (State o		ountry)		OF WHAT COUNTRY	
13	FATHER'S NAME				14. MOTHER'S A						
	Juli	lus Legum			Un	known	1				
15. [Ye	WAS DECEASEDEY s, no. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or doles of a NO	RCES? 16. SOCIAL Service) None		nformant lospital r	dcor	ds	Addr	ress		
		immediate DUE TO	of Charles	-lu	sun nile	- derecine		NTERVAL BETWEEN NSET AND DEATH INCLUDES			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) 19 WAS AUTOPSY PERFORMED? YES NO										
	OR CONTRIBUTION	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURR	D. (Enter nature of	injury in P	art I ar Port	II of item 18.)			
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.		While N	OCCURRED 20e. Pl at while wark	ACE OF INJURY (He ctary, street, affice I	ame, farm, bldg., etc.)	20f. (City	ar tawn)	(Cauni	ty) (State	
	21 I certify th	at (1) (this haspito	1) Attended the	-/-	13/13/CO	195	M from	4/18		that (I) (we) los	
	220 SIGNIATURE	ecclion	JN	Velle	ATTENDING	7:55A		STAFF PHYS.	d on me do	22b. DATE \$IGNE 4/18/60	
	22c. PHYSICIAITS NAME (Type)	Richard N.	Peeler	21.5	72d. ADDRES		ral S	t., Annaj	polis, l	/d.	
L	REMOVAL (Specify		_ /	NAME OF CEMETERY C	OR CREMATORY		23d LOCAT	imore. M	or county)	(State)	
24 -¥	FUNERAL DIRECTO	ineral Hops	mnapo	olis. Marvl			BY REGIST	RAR 2Sb, REGIS	STRAR'S SIGNA		
									12.70	444	

after death. Page 4

with

A PLAN

2 should

ond ond

may be registed by the haspital or aftending physician.

TE FINERAL DIRECTOR: After this certificate has been signed by the attending pllysician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, wintin 72, ours after death.

VR A15 (4) 15M 9/59

DE ATTEMBING PHYSICIAM: The law majores that the death certificate be executed within 24

n by the funeral director,



火工品	7	te	ms 19,20 Fi		SAAIE DEPAKIN	IC CERTIFICA	TE OF DEATH	" '°64121	
FOR STATE				MEDICA	L EXAMINER	5 CERTIFICA	TE OF DEATH	Reg. Dist. No.	
HEALTH DEPI		1, 8	LACE OF DEATH	arundol	MARYLAN	g. STATE	Where deceased lived. If in b. COL		re admission)
a de la companya de l		b	CITY OR TOWN (Fourside of	greorate limits, write RURAL	C LENGTH OF STAY IN TH	c CITY OR TOWN (	if outside carporate limits, w	rrite RURAL and give ner	arest town)
Sory			annapo		1 day	1411-4	1 St SE	4'	'X - "
I direct	X	c	NAME OF HOSPITAL OR	INSTITUTION (H not in ho	spilal, give street address	d STREET ADDRESS	. २०		ON A FARM?
Share		3, 1	NAME OF DECEASED	First	Middle	Last	4. DATE M	Ronth Day	Year
the street		(	Type or print)	John	EvereTI	mason	DEATH (c	in - 17	19 60
3 3 to moy the with ours of		5, 5	m	BL WIDOWE	ED DIVORCED DIVORCED	cat 26, 19	23 9. AGE (n year last bethday)		Hours Min.
eath one ale 5		10a	USUAL OCCUPATION (Givering life,	re kind of work done 10b	KIND OF BUSINESS OR INDE	STRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
2			.* /"	ester 2h	ast. Termine	14 MOTHERS MAIDEN		. 21 -	:a
2 g 2 g	1		James	P. Mas	2-07-	Beatri	. R. Jones	1 1411 4	CL82
form file		15. (Yes	WAS DECEASED EVER IN L	J S ARMED FORCES? 16	SOCIAL SECURITY NO. 17	the same of the sa	Add		
in any			4es M	W 11 2	16-12-4379 7	no. Mary	Mason	de Santo graphica gr	
will and a series of the serie			18. CAUSE OF DEATH [En	*	· -		P	INTERV	AL BETWEEN AND DEATH
ofo of it.			IMMEC	DIATE CAUSE (a)	aci dental	aroun	49		27744 + 44
fitte fron fron fron			850X	DUE TO			1		
Te di di	Ť		Conditions, if any, wi gave rise to immediate so	ouse (					The second second
in i			(a), stating the underly cause last.	ying DUE TO					
show shows		Z,		NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINALDISEASE CONDITION	GIVEN IN PART 1(a) 19.	WAS AUTOPSY
ol Endi	0	¥ΙΚ		•				YI	PERFORMED?
medical for the state of the st		CERTIFIC	20g. EXTERNAL CAUSE W/PRIMARY OF GONTRIBU	STING 1 206 DESCRIE	Fell overboat			ne	
This This hour bear		3	20c. TIME OF INJURY		INJURY OCCURRED 20e. P	ACE OF INJURY (Hame, for	m. 120f. (City or town)	(County)	(State)
LER.	.e .	MEDI	2:30 p.m. 4.	/17/ 19 60 While	14 1401 AUUS	ictory, street, office bldg., et Back Creek	Annapoli	s A	Md.
Ming Price			21. I certify that I		remains described al	ave, held an Autap	sy 🔲, Inspection [	Inquiry .	and in my
rded range TOR: 1			opinian death resul	ted from: Notural	couses . Acciden	Y, Suicide ,		etermined manner	
orwo NREC Sted o			ACTUAL SIGNATURE	S. Pormi	uly	M.D. CHIEF MEDICAL I	EXAMINER []		DATE SIGNED
RAL D	2		EXAMINER'S NAME (Type)	S-Bons	suck	ASSISTANT MEDICAL	CAL EXAMINÉR 🖫 CUN' L EXAMINER 🔲	ng i	4/17/10
DEPU Shau FUNE		220	BURIAL CREMATION 22	DATE THEREOF	272 NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, low	wn, or county)	(State)
5 , 5		23.	ELINERAL DIRECTOR'S SIGN	ATURE AX-176C	ADDRESS O	240 REC	D BY REGISTRAR 26. R	GISTRAR'S SIGNATURE	
VS. A15ME 5M 2/57			horn I	the 1 Wa	389-R9 CH	N - 1	APR 2 0 '60	Citing S. Kine	
			-0		~ ~ ~ . ~		But and a second		



VS A15 (4) ISM 9/5S 64123

4197 CERTIFICATE OF DEATH

Reg. Dist. No.

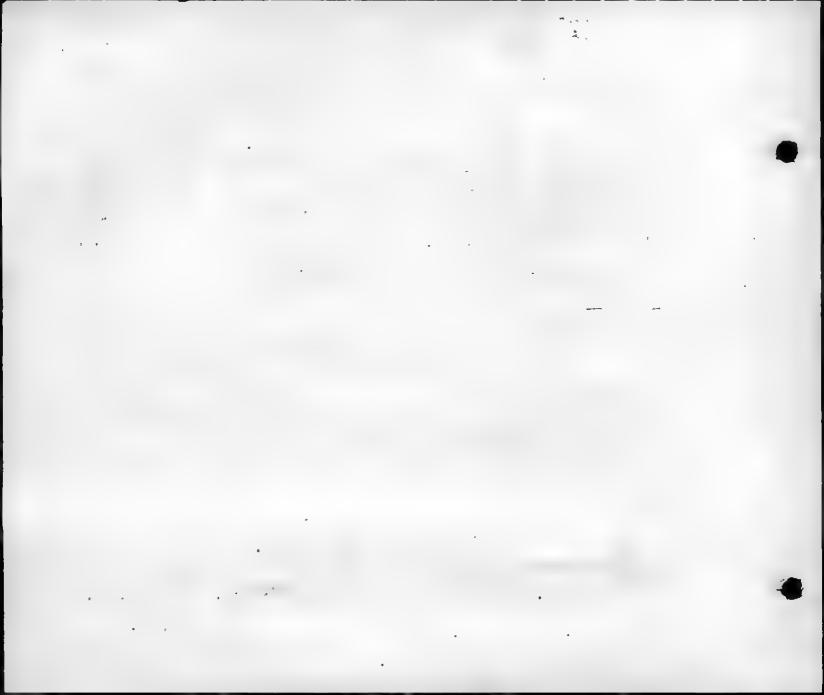
1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
Anne Arundel MARYLAND	Maryland Anne Amindel								
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)								
Pasadena 20 yrs.	* Pasadena								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS IS RESIDENCE								
Mountain Road	Rt. 7 Box 327 Mountain Road YES NO X								
3. NAME OF First Middle	Lost 4. DATE Month Day Year								
OFFICE T. MEAGHER  (Type or print)  PIERCE T. MEAGHER	DEATH April 30 19 60								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   FUNDER   YEAR IF UNDER 24 HRS   lost birthdoy)   Months   Days   Moure   Min								
Male White WIDOWED DIVORCED	Dec. 3, 1874 85 yrs. Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIBLE OF WORKING life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) [12. CITIZEN OF WHAT COUNTRY?								
Ret. Butcher Meat	Balto. Md. U. S.								
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
Philip T. Meagher	Sarah E. Potter								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II	NFORMANT Address								
37.	s. Jane C. Meagher Same								
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	INTERVAL BETWEEN								
FART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
IMMEDIATE CAUSE (a) CALLELLE ALL DUE TO	conjenzación 2 mailles								
(Canditians, if any, which) in alternoclosed	to Badinande din a mense								
gove rise to immediate	a cama voralla aisease à quar								
cause (a), stating the <u>under.</u> DUE TO  Lying cause last.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?								
200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW IN HIRY OCCURRED	C. (Enter nature of injury in Part I at Port II of item 18.)								
200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	A femer house of injury in Fact Car Fort it of hear 16.7								
3 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURPED 20e. PLA	ACE OF INJURY (Home, form, 20f (City or lown) (County) (State)								
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURPED 20e. PLA Hour e. m. 19 While Not while for at work at work	tory, street, office bldg., etc.)								
	105- 01.62								
21. I certify that I attended the deceased from flate 15.									
alive and that death	accurred at 5:00 A.M., from the causes and on the date stated above.								
ACTUAL P to My family.	ADDRESS (Street, city or town, stote)  DATE SIGNED								
SIGNATURE S. M. Mc Laughlun	N.D. DION MOUNTAIN Kd. "Mading, Wid Ug 34/								
PHYSICIAN'S R.M. McLaughling									
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)								
Buri 1 May 3, 1960 Moreland Memo									
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE								
Tene V Monce 4001 Ritchie Hawy	. (25) DATEMAY 5 '60 Grelling S. Kraus								



VR A15 (4) 15M 9/59

MAKTLA	IND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN	۷D
4147	CERTIFICATE OF DEATH	

1.	PLACE OF DEATH a. COUNTY			. USUAL RESIDENCE (WI	here deceased		Residence before	re admission)					
	d. CO01411	Anne Arun	del	MARYL	AND	d. STATE Mary	land	b. COUNTY	Anne Ar	undel			
	b CITY OR TOWN (IF RURAL and give nec Annapo.	outside corporate limi rest town) 115	its, write c. Ll	ENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (IF		ote limits, write RUR	AL and give nea	irest town)			
	d. NAME OF HOSPITA	NL (If not in hospital, g	give street addre	53]		d. STREET ADDRESS e IS RESIDENC							
A	nne Arunde	1 General	Hospita	1		328 First	St.			YES NO			
3.	NAME OF DECEASED	Fir	-	Middle		Lost	4. DATE OF	Manth	Da	y Year			
	(Type or print)	Robert	6			MIDDLETON	DEATH	April	. 19	1960			
	SEX		7. MARRIED	NEVER MARRIED	0 0.	DATE OF BIRTH			Aonths Doys	Hours Min.			
	Male widowed Divorced June 20, 1886 73 yrs.												
104	<ol> <li>USUAL OCCUPATION during most of works</li> </ol>	N (Give kind of work ing life, even if retired	dane 10b. KIND )	OF BUSINESS OR	INDUSTS	Y 11 BIRTHPLACE (State	or foreign co	untry)	12.CITIZEN OF	WHAT COUNTRY?			
L		- Watchman	U.S.	Gov.		Maryla			U.	S.			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME						
_		Middleton		_		Katherine	Burns						
15.	WAS DECEASED EVER	! IN U. S. ARMED FOR If yes, give war ar dates of s		AL SECURITY NO.	17 INFO	RMANT		Address					
			nc	ne	Hos	oital Record	S						
1		TH [Enter anly one co		,		,				RVAL BETWEEN			
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	PU	LMONA	-Ry	EMBO,	15m		24	HOURS			
	130,1	DUE TO			/	•							
	Conditions, If an		AC	TERLIOS	CLE	£8515 G1	WER	4hIZED		Plany			
	gove rise to im couse (o), stoting ti					,							
_	lying couse lost.	) (c											
1 S	PART II. OTHI				_	OT RELATED TO THE TERM		CONDITION GIVEN	I IN PART 1(o) 1	9 WAS AUTOPSY PERFORMED?			
\S	Hev					UKEMIA				YES 190			
. CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I or Part	It of item 18.)					
MEDICAL	20c. TIME OF INJURY	Manth, Doy, Ye				E OF INJURY (Home, formary, street, office bldg., etc.		or town)	(County)	(Stote)			
MED	Hour o, m. p. m.	19		Not while of work	10010	ry, sireer, office brug., ere	"						
						April 4, 19							
		ed alive an AD	ril 18,	1960 , and t	hat de	oth accurred at		the causes and	on the date				
	22a. SIGNATUR	wand	AR	selo	M,	ATTENDING M	A. MED. IRECTOR	STAFF PHYS	4	226 DATE SIGNED			
	22c PMYSK-FAN'S NAME (Type)	K	7			22d ADDRESS PO	NKLIN	ST					
	]	Edward S.	Beck			41 Southge	to Ave	Annapo	lis, Md	<u>*</u>			
234	BURIAL, CREMATION REMOVAL (Specify)	N, 236. DATE THEREC	DF 23c	NAME OF CEMET	ERY OR	CREMATORY		ION (City, town, or		(Stote)			
_	Burish	Apr. 22.	1960 S	t. Maryl	Cma	eterv-	An	napolis, l	Md.				
24	FUNCEAN DIRECTOR'S	SIGNATURE	2	ADDRESS		250. REC	D BY REGISTI		RAR'S SIGNATUI				
1	Hopping it	iner al		apolis,	Md.	DATE	PR 22'6	io ar	hug S. Ken	uA			
		2											



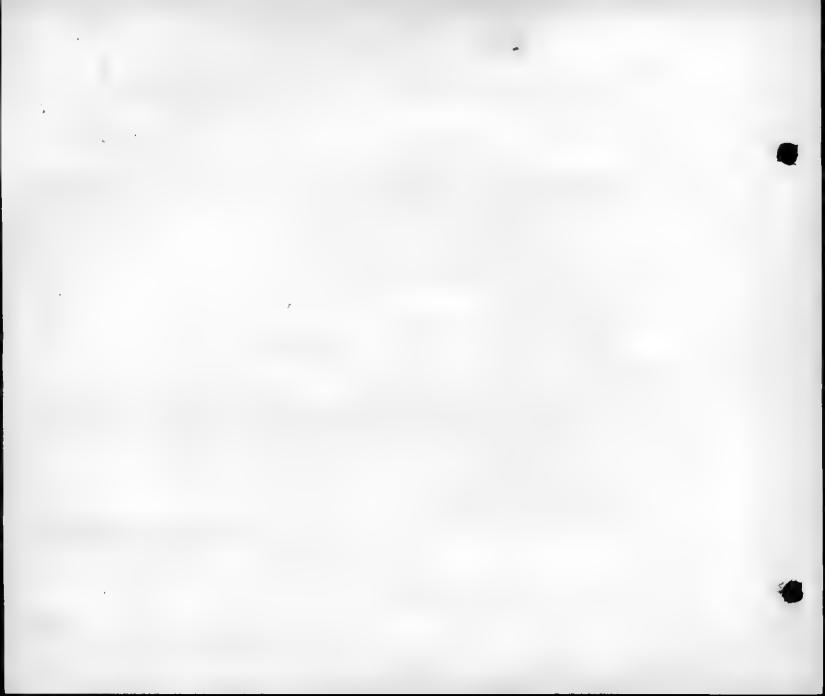
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Page 4 should b Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If auticle corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) d. NAME OF OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle Inst DATE Month Year DECEASED OF (Type or print) DEATH 1960 5. SEX 9. AGE (In yours MÁRRIED | NEVER MARRIED IF UNDER YEAR IF UNDER 24 HRS. Months Days Hours Mln. WIDOWED DE DIVORCED | YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 00es PINSON oge 15. WAS DECEASED U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RAYMON INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(x) 19. WAS AUTOPSY os PERFORMED? YES T NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stole) 20f. (City ar town) (County) factory, street, affice bldg., etc.) Hour a.m. Not while p. m. at work 🗔 at work writing 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection Inquiry and find that RECTOR: death resulted from: Natural causes Accident Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [ 00 SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER NAME (Type) DEPUTY MEDICAL EXAMINENT 22g. BURIAL, CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or cour (Stoke) ö ь REMOVAL (Specify) 0 ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEADR 5M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1.100 CEPTIFICATE OF DEATH

04126

		4193 CERTIFICATE OF DEATH
)	1,	PLACE OF DEATH  o. COUNTY  AND STATE  D. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  D. COUNTY  D. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
X		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  OR A FARM? YES NO [
		NAME OF DECEASED (Type or print) ( ) 3/tey ( ) 1350 / 14 VV ( ) 19
1	S S	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR IF JNDER 24 HR: lost birthdoy)  WIDOWED  DIVORCED  5. Aug. / 8 8 / 975.  WIDOWED  DIVORCED
ノ		JUNEAU OCCUPATION (Give kind of work done done done done done done done done
		father's Make 11. ) 1 lunerol Mary Chair
	IŞ.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ( ) (If you, give wor or dates of service) (If you, give wor or dates of service) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COLOR TO
		Conditions, if ony, which gove rise to immediate (his discount of the conditions)
	7	couse (a), storing the under- lying couse lost.  (c) Series of the under- (c) Levies of the under- (c) Levies of the under- (c) Levies of the under- (d) Levies of the under- (e) Levies of the under- (e) Levies of the under- (e) Levies of the under- (f) Levies of the under- (g) Levies of the unde
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT YOU RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS PERFORMED?  YES NO
	L CERTIF	20b. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II of item 18 )  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. 19 While Not while of work of work of work 19 work 19 Not w
		21   certify that (I) (this haspital) attended the deceased fram. 1957. 19. 10. 19. that (I) (we) lass saw the deceased alive an. 4-4-609. and that death accurred at 3 Marrow the causes and on the date stated above
,		226. SIGNATURE  ATTENDING MED STAFF SIGNE  M.D PHYS. DIRECTOR PHYS D
1		22c PHYSICIAN'S NAME (Type) NODEY R. HAMI SCHOOL DE LICE DE LE
	230	SER AL, CREMATION, 238 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY, 23d. 10 QATION (City, town, or county), (State) Similarly Office 84 1960 Cedur Duff Cent Comabolis Me
	24	suneral director's signature Suns Communication (1) and second by REGISTRAR 256/REGISTRAR'S SIGNATURE

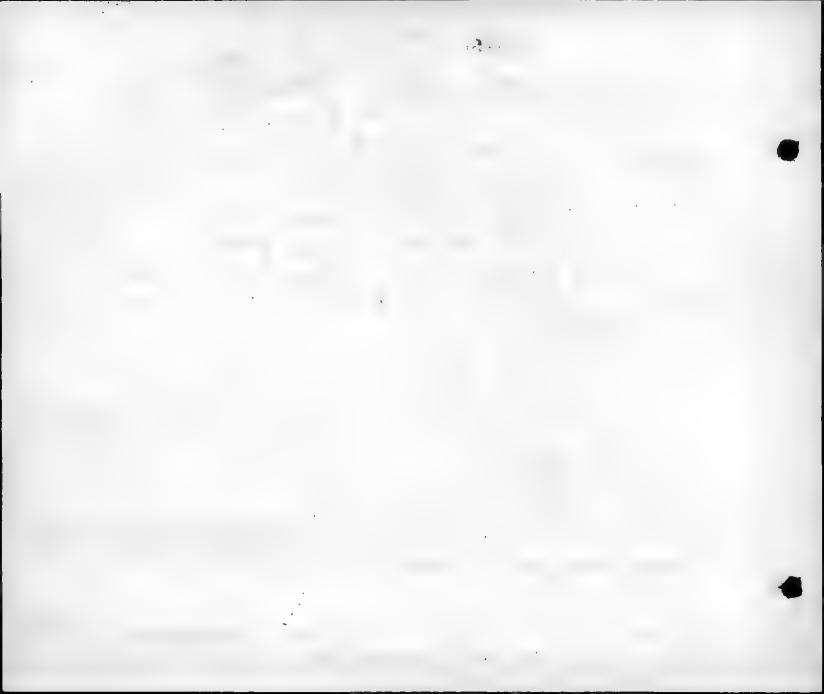
s ofter death Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hayrs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ned by the haspital ar attending physician. TO HO VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04127

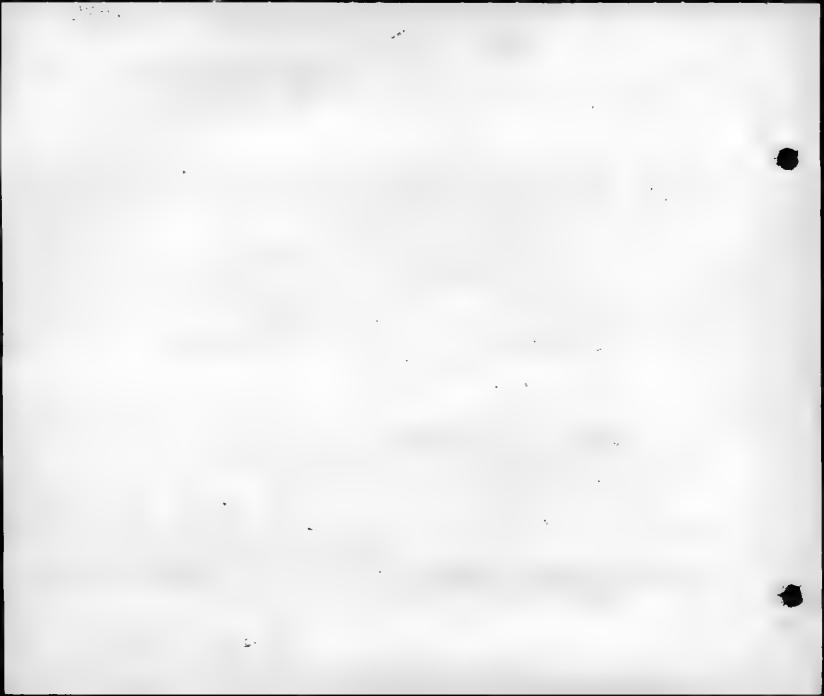
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence	e before admission)
	a. COUNTY ANNE HAUNGEL MARYLAND	a. STATE MANY LAND b. COUNTY AND	YE ARIING
	b. CITY OR TOWN (If autside corporate limits, write RUMAL and give nearest town)  Flux APCLIS	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOUSEEY ROAD	HOUSLEY ROAD	e is residence on a farm? yes \( \) no \( \)
	NAME OF DECEASED (Type or print)	MUN +2 OF APRIL	24 1964
5.	FEMALE 6 COLOR OF PACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	CORC HARMANIA TO THE RESIDENCE OF THE PARTY	YEAR IF UNDER 24 HRS Days Hours Min.
10c	c. USLAL OCCUPATION (Give kind of work dane) 106 KIND OF BUSINESS OR INDU- daying most of working life, even if retired)	STRY 11. BIRTHPIACE (State or foreign country)  12.CITIZ  DELAWARE	EN OF WHAT COUNTRY?
13.	FATHER'S NAME  TAMES CARNEY	HARRIETT DURHAM	,
1\$. (Yi	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	SS TOLY MOSLEY #	2—
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CREBRAL  DUE TO	Hemonnhage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b) MYPER TENSILE  DUE TO  GENERALICE	ed ARTERIOSCLENOSIS	
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II af item IB)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While of work of work	ACE OF INJURY (Hame, form, 20F (City or town) (Cotory, street, office bldg., etc.)	ounty) (State)
	21. I certify that I oftended the deceosed from olive on Apail 23, 1960, and that death		date stated above
	SIGNATURE //W/VVW	SEVERNA PANK M	1-694
220	BUR AL, CREMATION 225 DATE THEREOF 226. NAME OF CEMETERY OF SEMOVAL (Specify)		Store)
23	JUNERAL DIRECTOR'S SIGNATURE CONSCIENCE POR SIGNATURE CONTROL OF C	240. REC'D BY REGISTRAR 24 REGISTRAR'S SIG DATE APR 28'60 Cuthung &	



<u>_</u>		1103
	1)	1. PRACE OF DEATH  O.S. THUE I PURE COUNTY A COU
old be		b. CITY OR TOWN (If outside corporate limits, write PLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d 2 sho	3.7	d. NAME OF HOSPITAT AT not in hospital, give street address or institution of institution of the street address of the street address of the street of the s
ges 1 an ath.		3 NAME OF DECEASED (Type or print) Charles S. Middle M. Cherles Death 4. DATE OF DEATH 27, 1960
after de		S SEX ON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH  WIDOWED DIVORCED S. DATE OF BIRTH  3 - 2, 2 - 3 - 9. AGE (In years 1 FENDER 1 YEAR IF UNDER 24 HRS 1 Months 1 Days 1 Hours 1 Min Min Months 1 Days 1 Hours 1 Min
haurs		100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
S carb		13. FATHER'S NAME - FRIENCE COS Micholson 14. MOTHER'S MAIDEN NAME
e remo		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) (If yes, give wor or dates of service)
iit. Then pleas of, and in any		18. CAUSE OF DEATH [Enter only one couse perting for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE(a)  DUE TO  Conditions, if only, which)  (b)  (b)  (b)  (b)  (c)  (c)  (d)  (d)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f
sil perm x == av		gave rise to immediate cause (a), stoting the under lying couse last.  DUE TO  Let Let Let Market April 2.
rial-tron		PART II. OFFICE SIGNIFICANT CONDIT ONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMENT YES NOT
the bu		200 ACC DENT WAS INDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
r use as r ta buri		ZOC. TIME OF HOURY Manth, Day, Year 20d INJURY OCCURRED Hour a. m.  p, m. 19 While Not while at work a
se Betached fa of Health prior	1	21. I certify that (I) (this happital) attended the deceased from 1960 to 1960
shæuld t e Board	#	ODENTON. MARVIANTI 22d. ADDRESS Official miled 12/6
pog≡ 3 the Stat		230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City Town, or country (State)
(4)		24-FUNERAL DIRECTOR'S SIGNATURE  ADDRESS. — 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  DATE MAY 2 160 CALLAN S. HAMA

TO HOS! THEN THEN TO HOS! The rate of the requires that the death certificate be enecuted within 2. The rate death. Page 4 may be mad by the haspital and attending a varian.

TO MINE AL DIRECTER: After this certificate as been signed by the attending physician and completely filled in by the funeral director.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 64129 **CERTIFICATE OF DEATH** 4150 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY b. COUNTYANNE ARUDVEL MARYLAND MARYLAND ANNE ARUNDEL b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3hrs 52minutes ANNAPOLIS ANNAPOLIS. MARYLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U.S. NAVAL HOSPITAL 230 SYCOMORE CT. YES NO TH NAME OF First Middle 4. DATE Day Month Year DECEASED ALLEN WAYNE PARKS (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) last birthday) IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Days MALE CAUCASIAN WIDOWED DIVORCED [ 17 APRIII 1960 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most af working life, even if retired) MARYT AND U.S.A. puo carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 품 Walter W. PARKS Attie Rena PELOQUIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 230 Sycomore Court 16. SOCIAL SECURITY NO. FATHER Walter W. PARKS No Annapolis, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ፯ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HYDROPS FETALIS 3hrs 52 min. DUE TO Conditions, if any, which gave rise to immediate DUE TO catte (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? burial YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CERT 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day. Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat white at work 🔲 of work p. m. 21. I certify that I attended the deceased from 01474 5/17 0440-5/17, 19 60 that I last sow the deceased olive on O440 \_\_\_\_, and that death occurred at OALLO AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATUR U.S. NAVAL HOSPITAL ANNAPOLIS, MARYLAND should PHYSICIAN'S NAME (Type) Frederic M. KENNY USNR MC 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page 23-FUNERAL DIRECTOR'S SIGNATURE 746. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE APR 2 0 '60 arthur & Kraue 15M 9/55



Item I Film G. 51 4/29/60 iwk

1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No.

YES NO T

Year

Days

(County)

12 CITIZEN OF WHAT COUNTRY?

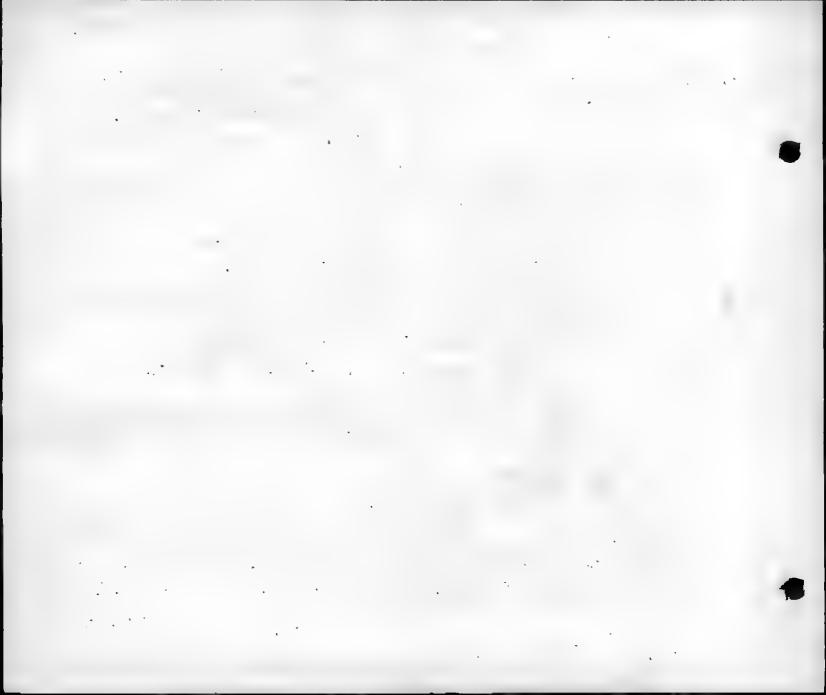
INTERVAL BETWEE ONSET AND DEATH

> PERFORMED? YES NO D

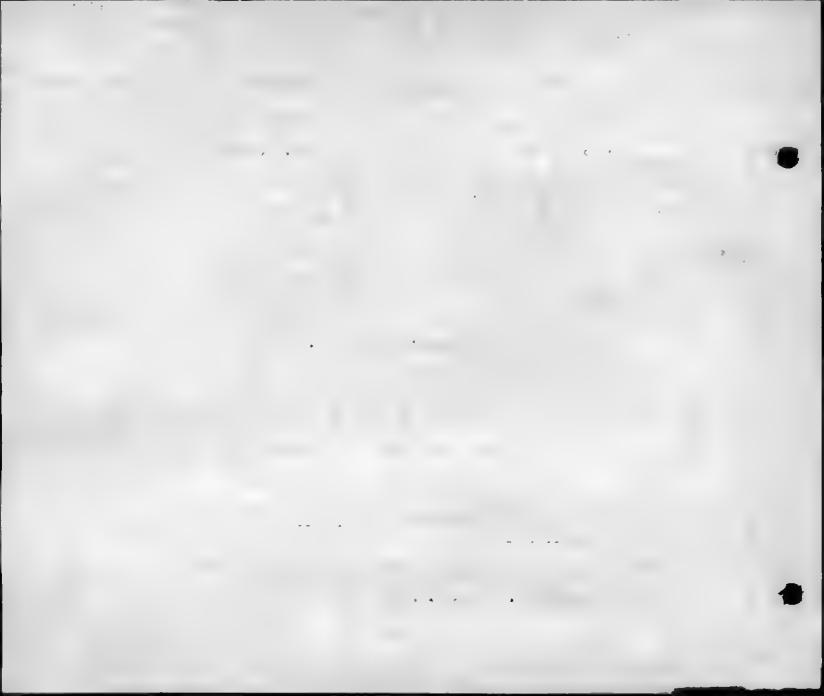
> > (Stole

(Stote)

196



YLAND STATE DEPARTMENT OF HEALTH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence before edmission a. COUNTY Page 3 to the funeral director, Page y be retained for your files. b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate him is, c, CITY OR TOWN (If outside corporate lim.ts, write RURAL and give nearest town) c LENGTH OF STAY IN 15 write RURAL end give neerest town) 70 Laurel Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a, IS RESIDENCE ON A FARM? Rt. 1. Box 179 YES NO Box 179 3. NAME OF Freet DATE Middle DECEASED OF (Type or print) PHTLIPS DEATH MARY DSTRIER April 19 with 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR may 2 witl est birthdeyl and Months; Days Colored March 3, Female WIDOWED [ DIVORCED 200 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages 13. FATHER'S NAME PM3. paged . Give 16 SOCIAL SECURITY NO.! 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknwn) [ (Ifyesgive war and ates of service) 18. CAUSE OF DEATH (Entar only one cause per line for (e), (b), and (c).) along v transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-trans Hemorrhagic Pneumonitis. IMMEDIATE CAUSE (a) Office oval, **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the undarlying Examiner cause lest. Desn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 DIOW OF Medical NO should 20e. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. execute the certificate, writing 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (County) (Stella) fectory, street, office bldg., atc.) While Not While Hour a.m. the St. P. at work at work prior I DIRECTOR 0 21. I certify that I took charge of the remains described above, held an Autopsy 🋣 Inspection Inquiry and in my opinion death resulted from: Naturai causes 🗷 Ccident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 26/60 EXAMINER'S Charles S. Petty / M.D. NAME (Typa) Address (Streat, city, town, or county) E 228. BURIAL, CREMATION I 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slate) ~ REMOVAL (Spec fy) 40 6 FUNERAL DIRECTOR VS. A15ME Cirthur S. House 5M 7/59



VS A15 [4] 1SM 9/5S

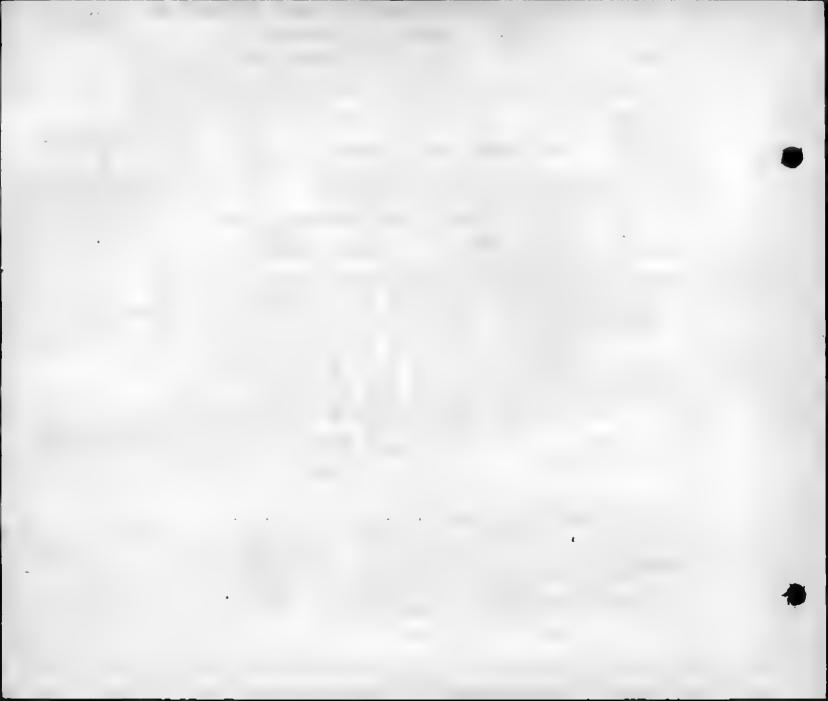
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4151 CERTIFICATE OF DEATH

04132

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY		MARYLAN	2. USUAL RESIDENCE a STATE	•	d lived. If institution b. COUNTY		
	nne Arundel. Loutside corporate limits, wri		Mar	yland		Anne Ar	
RURAL and give no	rarest fown)					nkvr aug Sise ue	arest tawn)
Annapol		13 days		URAL -	Riva		
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, give st	reet oddress)	d. STREET ADDRES	SS			e. IS RESIDENCE ON A FARM?
Anne Arunde	l General Hos	pital					YES NO NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	th De	y Year
(Type or print)	Sadie	PERRY	POOLE	DEATH	Apri	1 26	19 60
S. SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		IF UNDER 24 HRS.
Female	White wo	OWED 🔼 DIVORCED 🗌	April 14,	1881	79 yrs.	Months Days	Hours Min.
100 USUAL OCCUPATIO	ON (Give kind of work done in the life, even if jetired)	106 KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (	itale or foreign c	ountry)	12. CITIZEN C	OF WHAT COUNTRY?
17771	u ur	Home	Ma	ryland		U.S	S.
13. FATHER'S NAME	10	)	14. MOTHER'S MAID				
611,00,	200 Co. (F	24911	Soll	- Pho	ndal	1/	
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	1	COL MIN	Terry Gr	
(Yes, no or unknown)	(If yes, give war or dates of service)		Velen S. Slal	Plingo	18/1/20	way or	1. med
18. CAUSE OF DEA	ATH   Enter anly one couse p	er line for (a), (b), and (c) ]		/		LINT	FRVAL BETWEEN
	TH WAS CAUSED BY:	OFFERD A	1 THOM	חב חוני	515	ÖN	SET AND DEATH
	IMMEDIATE CAUSE (o)	ECHAN	\	11100			3 22793.
as an admi	DUE TO	1750 - 00/2	-0-0-1		201	- >	
Conditions, if a		RIERIOSCHE	KOS13,61	ENER	19617-1	ED	
couse (a), stating	the under-						
Z lying cause lost.	(c)	No Control Control	0117 1 07 071 1 270 70 7117 7		5 CONTRACTOR OF		Vaccatity and at
PARI II. UII	TER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE I	EKMINAT DISEAS	E CONDITION GIV	EN IN PART ((0)	PERFORMED?
5							YES NO
	CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature at injur	y in Parl 1 or Par	t II of item 15.)		
3 20c. TIME OF INJUR	Y Manth, Day, Year 20	d. INJURY OCCURRED 20e.	. PLACE OF INJURY (Home,	form, 20f. (Cit)	or town)	(County)	(State)
20c. TIME OF INJUR Hour e.m.		hîle Not while work	factory, street, affice bldg.	, elc.)			
		eased from Apr = 1	3, , 19 60, to	Apr. 26	, 19 60	,that I last s	aw the deceased
alive an_Apr	il 26, 1	960 and that de	ath accurred at 5:4	5P.M. from	n the causes o	ind on the do	ate stated above.
1	90 -	n 1001. 1		ADDRESS (S	treet, city ar town,	state)	DATE SIGNED
ACTUAL	ALLUNY A	STRILLE	Mp. 71 Fra	inklin S	t.,		4/27/60
	1						
PHYSICIAN'S NAME (Type)	Edward S. Bec	k	Annay	olis, M	d.		
	N, 22b. DATE THEREOF	22c, NAME OF CEMETER	Y OR GREMATORY	774 LOCA	TION (City, town I	or Bunty)	(State)
BIMOVAL (Specify)	Uhr 29-191	o Stolemen	Campton	WW	ileus a	anden	a ma
23 PONERAL DIRECTOR	S SIGNATORE	) ADD ESS	1 P. men 1/40.	REC'D BY REGIS	TRAR 45 REGIS	STRAR'S SIGNATA	IRE
10cm 1	1 Layers	no Arman	eous / OATI	APR 2 9	60 1	70 - 0 4	
4/			9/11	PAN CA	PA	riley & the	ALIF.



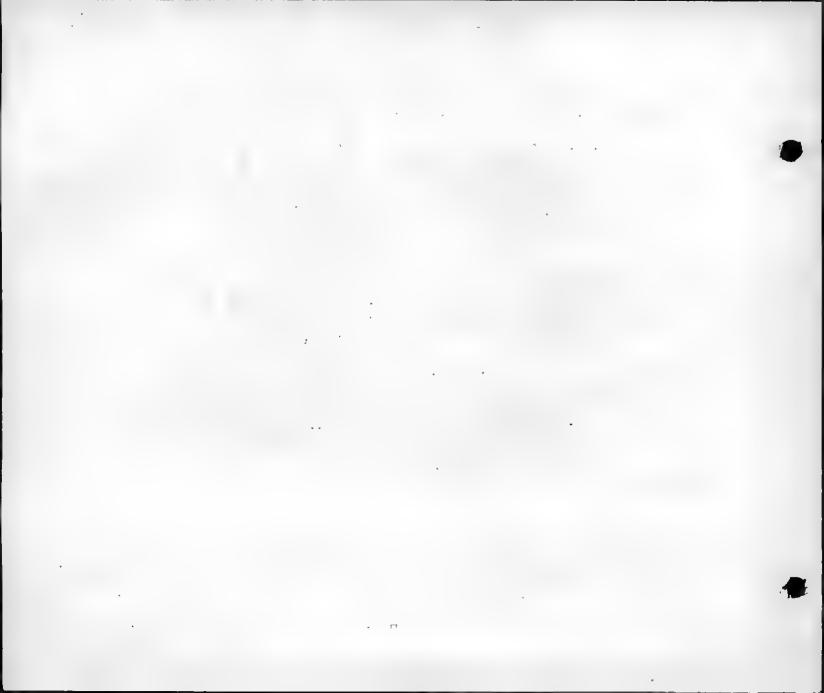
TO HOSPIT

VS A15 (4) 1SM 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4202 **CERTIFICATE OF DEATH**

04133 Reg. Dist. No. 27

											-
1	a COUNTY	Anne Aru	ndel	MARYLA	11	usual residence a. STATE Maryland	(Where decease	b. COUN			lmissian)
r	b CITY OR TOWN (If	auts de carporate imit		c LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside carp				tawn)
	Fort George	e G. Meade		1 mo. 4 da	ys 🖹	Severn					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, gi	ve street	oddress)		d. STREET ADDRESS	5			e IS	RESIDENCE N A FARM?
L		U. S. Army	Hosp	ital		Route 2.	Box 84	٤	_	_	NO 🗆
3.	NAME OF DECEASED	Firs	ì	Middle		Last	4. DATE OF	j	Manth	Day	Yeor
_	(Type or print)		PHIE	_		PRICE	DEATH		April	20	1960
5.	SEX	6 COLOR OR RACE	7. MARR	EED 🔯 NEVER MARRIED	☐ B. C	DATE OF BIRTH		9. AGE (In yes	y) Months	Days Ho	
	Female	UGUU 0	WIDOWE	_		2 December		67	rrs Months	Days   no	DLZ WILL
16	<ol> <li>USUAL OCCUPATIO during most of work</li> </ol>	N (Give kind of work ding life, even if retired)	one 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St	tote ar fareign c	country)	12.CITI	ZEN OF WH	AT COUNTRY
	Housew			N/A		Germa	ny		USA	1	
13	. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME				
	Thomas	Lerch				Unkno	wn				
13		IN U.S. ARMED FORCE		SOCIAL SECURITY NO	INFO	RMANT		,	Address		
Ĺ	N/A	N/A	,	Unknown	John	n Price (H	usband)	Rt. 2	Box 84,	Seve	rn, Md
ge.	18. CAUSE OF DEA	TH [Enter anly one cau	se per lir	ne far (a), (b), and (c).]						INTERVA	LBETWEEN
	PART I DEAT	H WAS CAUSED BY:	Pulm	onary Infar	ction	n, Right L	ong			30 1	days
	46 X	DUE TO				-/					
	Canditians, if an	y, which )	Arte	rioscleroti	c Hea	art Diseas	e withA	trial		5	vears
	gave rise to in cause (a), stating t	mediale ( DUE TO						ibrilla	tion		
	lying couse last		Mult	iple Pulmon	arv I	Emboli					
Z	PART II OTH	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TE		E CONDITION	GIVEN IN PART	T 1(a) 19 W	AS AUTOPSY
CATION	Diabetes	mellitus, F	lyper	tensive Car	diov	ascular Di	sease				RFORMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING (1)  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (I	Enter nature of injury	in Part I ar Pai	rt II af item 18.)			
MEDICAL	20c TIME OF INJURY Hour a. m.	Month, Day, Yea	While	NJURY OCCURRED 20	le. PLACE factory	OF INJURY [Home, f r, street, affice bldg.,	farm, 20f. (City etc.)	y or tawn)	(C	Caunty)	(State
	21. I certify the	at Lattended the	deceas	ed fram 18 Nov	ember	r. 1958 to	20 Apri	1 106	O that I la	st saw th	a decesse
	alive an 20	April	196	o and that d	eath a	curred at11:2	O A 6.00	the course	and an the	odata eta	tad abov
	4,,,,		-i ' '	, and mar a	com oc			itreet, city ar la			DATE SIGNE
	SIGNATURE S	ranle.	Ses	callua	44.0						20 Apr
		7		1	M.D						
	PHYSICIAN'S ST	ANLEY SIEGE	LMAN	, CAPT., MC		US Army H	ospital	, Ft Ge	orge G.	Mead	e, Nd.
24	a. BURIAL, CREMATION			22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, law	n, or county)		State)
6	BUTT TO (Specify)	4-23-196		Glen Have				Burnie		yland	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		. 24a R	EC'D BY REGIS	TRAR 246. R	EGISTRAR'S SIC	SNATURE	
(1	involeton Fun	ent fi coa	Wen ,m	Man Bu	nie.		APR 25		Orthun .	S. Kime	4



4152 CERTIFICATE OF DEATH

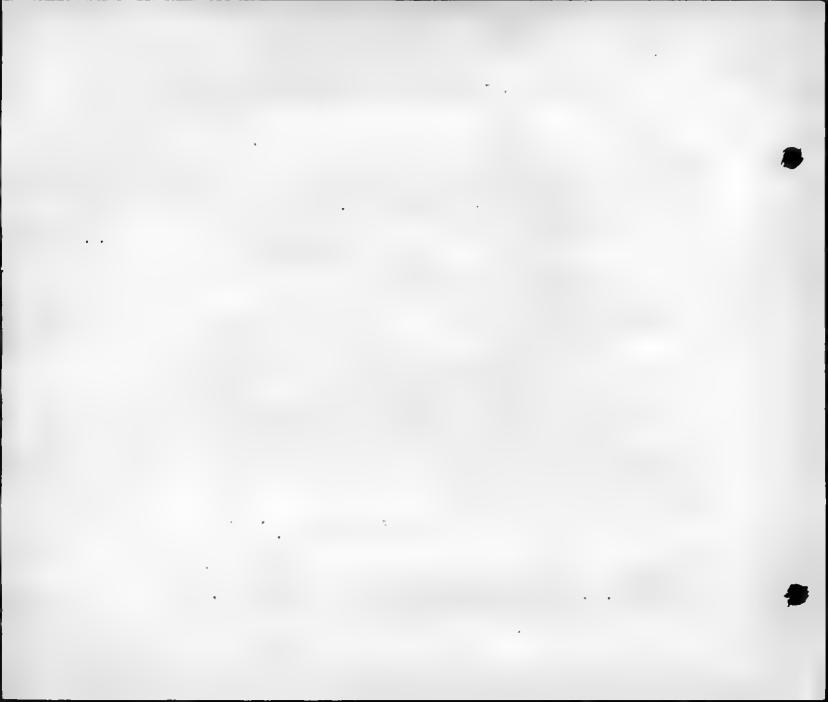
					Reg. Dist. No.
	1. PLACE OF DEATH	,	2. USUAL RESIDENCE (Who		oni Residence before admission)
	Anne Arundel	MARYLAND	o. STATE Maryla	ind. b. county	Anne Arundel
		ENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporate limits, write RI	URAL and give nearest town)
	RURAL ond give negret town) Annapolis		10 Annar	oolis	
	d NAME OF HOSPITAL (If not in hospital, give street addre	P15)	/ d STREET ADDRESS		IS RESIDENCE
5	Anne Arundel General Hospita	1	106 Clay	St.,	ON A FARM? YES NO 1
	3. NAME OF First	Middle	Lost	4. DATE Mon	th Day Year
1	(Type or print) James		QUEEN	DEATH April	27 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED [	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male Negro widowed	DIVORCED 🗍	Sept. 5, 1890	69 уп.	Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	and the state of working the, even it retired		Maryl	and	U.S.
	13. FATHER'S NAME / 1		14. MOTHER'S MAIDEN-N	AME	
	JEMARAIL	PIN	19 puch	R. aluee	N
7	NS. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCI	IAL SECURITY NO 17-18	FORMANT	Addr	2 7-1 7
	100 219-	16-0546/1	ancuna	ceen 1	MMalle.
1	18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c).]			INTERVAL BETWEEN
ı	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	10 curo	ture bless	Failure)	ONSET AND DEATH
	LL LI V DUE TO	us or go		J. Autor	3/1/2/1/201
1	Conditions, if any, which ) (b)	as tour sun L	2 1: 1/in	. O Denning	Nus-
	gove rise to immediate (	WITHHELIE (0.4	naco // poce	an grove	
	touse (b), stoling the <u>under-</u>				
	/ (0	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 101 19 WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS CONT				PERFORMED? YES NO
		HOW INJURY OCCURRE	(Enter noture of injury in P	ort I or Port If of item 18.)	100 100
	200. ACCIDENT WAS UNDERLYING   20b DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		Y OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	20c. TIME OF INJURY Month, Day, Year 20d. INJUR Hour o. m. 19 While of work		tory, street, office bidg., etc.		()
			60	0//0	
	21. I certify that I attended the deceased f		1900 to ar	$r_{-}20,,1900$	"that I last saw the deceased
	alive on April 26, 1, 19.60	.,, and that death			and an the date stated above.
	ACTUAL TIME CARROLL	/		ADDRESS (Street, city or town,	stote) DATE SIGNED
	ACTUAL SIGNATURE OF MAN		M.D	lvert St.,	4/27/60
	PHYSICIAN'S T. H. Johnson		Annapo	līs, Md.	
		NAME OF CEMETERY O	R CREMATORY 7 7	229 AOCATION (City, town, o	or county)(Stote}?
	BEMOVAL (Specify) 11-30+960.	Brewe	Hill	(Price and	les Mil
	FUNERAL PIRECTOR'S SIGNATURE	ADDRESS	240. REC'E	BY REGISTRAR 2/6. REGIS	STRAR'S SIGNATURE
	William Reesett (V)	UMA,	DATE MA	Y 3 '60 (1	Klaus & Harris
1					NAME OF TAXABLE OF TAX

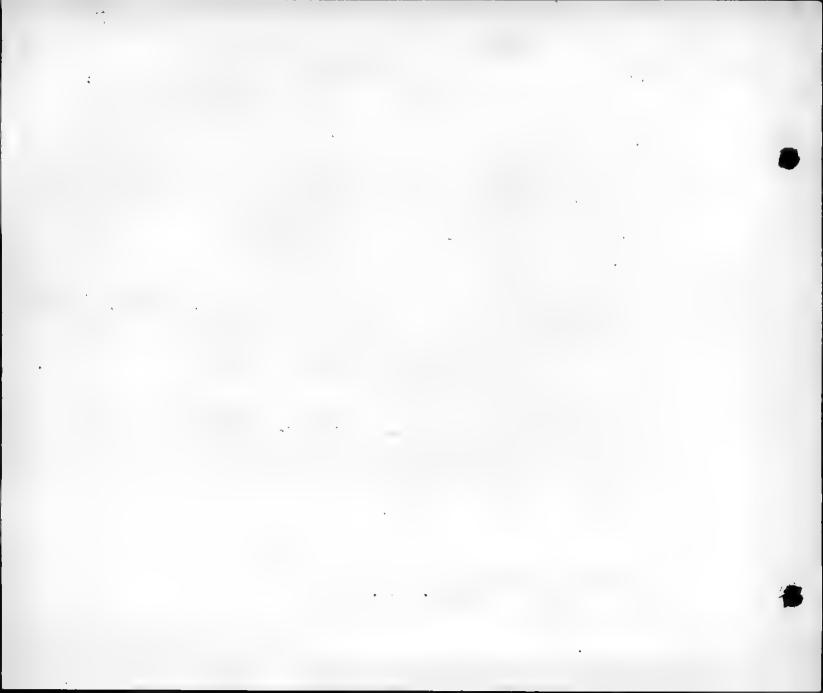
10 HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bears ofter death. Page 4 may be need by the hospital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled and by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/55

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25 REGISTRAR'S SIGNATURE

arthur S. Kraus

250 REC'D BY REGISTRAR 20

for After

detached Health

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DIRECTOR:

FUNERAL

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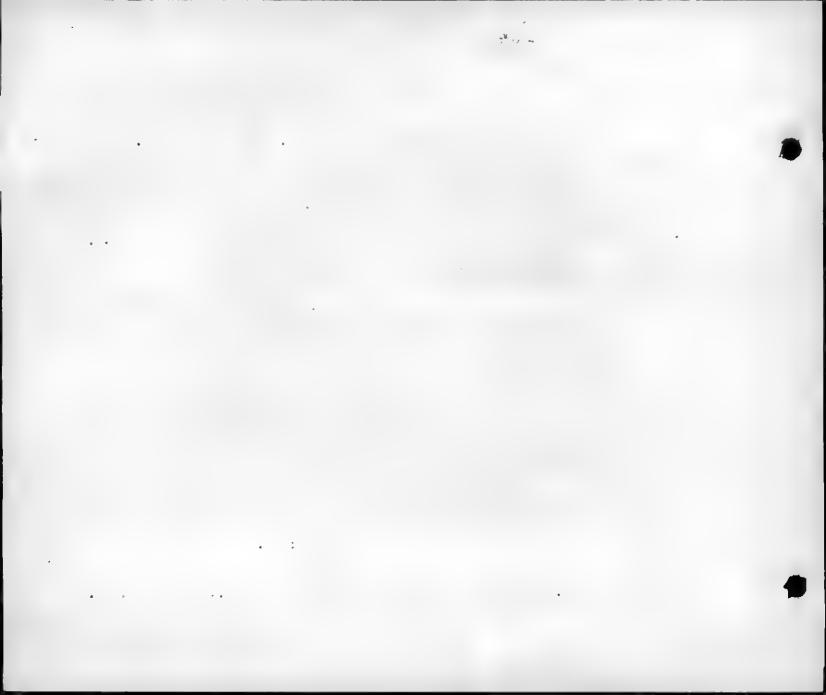
death certificate

after death. Page

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE Anne Arundel b. COUNTY MARYLAND Marvland Anne Arundel CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Annapolis Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Anne Arundel General Hospita 5 S. Cherry Grove Ave. YES NO TO NAME OF First Middle Last DATE Manth Day Year DECEASED SCHOTT Mabel (Type or print) DEATH April 16 19 60 S SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days May 12, 1889 Female White DIVORCED | WIDOWED [ 70 yrs 10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pennsylvania U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) DICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while p. m. of work at work 19(00), that (1) (we) lost 21 I certify that (1) (this hospital) attended the deceased from... saw the deceased alive only and that death decurred M, from the dauses and on the date stoted above 22o. SIGNIATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS PHYS 18/60 M D 22c. PHISICIAN'S 22d. ADDRESS NAME (Type) John L. Hedeman Cathedral St.. Annapolis 23a BURIAL CREMATION, 23b DATE THEREOF LOCAT ON (City, fown, or county) NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)

page 3 sh the State I

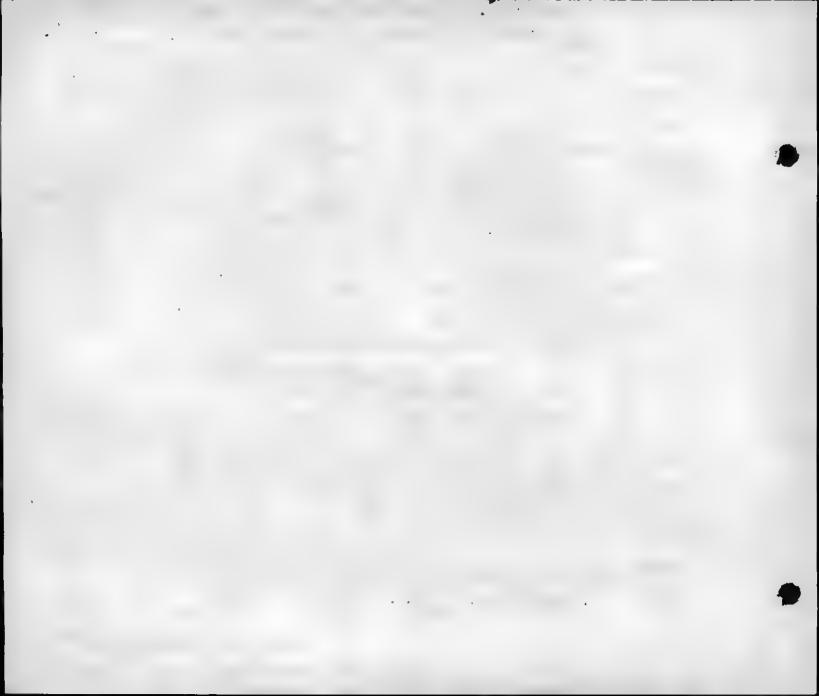
UNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14 4 1 3 13



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4155 CERTIFICATE OF DEATH

urs ofter death, Page 4

ly filled in by the funeral director, Poges 1 and 2 should be filed with

TO HOSPICE, OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

cian and complete corbon papers. I		100	Male USUAL Coduring me Ret, FATHER'S
may be the first by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. If the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death.	<i>*</i>	MEDICAL CERTIFICATION	Conditions of the court of the
may be De FUNER page 3 the regis		220	REMOVA
S A15 (4) 5M 9/55	T8.	23.	FUNERAL Ho

			~ ~	- 42 1.3		101-			•		R	eg. Dist. No		
1.	PLACE OF DEATH						2. USUAL RESID	ENCE (Whe	re deceased			Residence befo	re odmis	sion)
	o COUNTY	Anne	Arund	el	MARYLA	UND	a STATE	aryla	ınd	b. COU		inne Ar	und e	1
	b. CITY OR TOWN (If RURAL and give no	outside corpo	rote limits, w	rito (	c. LENGTH OF STAY IN	1 lb	c. CITY OR TO	OWN (If ou	itride corpo	role limits, wr	ite RUR/	At and give no	orest low	n)
	Annapo				9 days		X	URAL	- Ann	apolis				
	OR INSTITUT ON	AL (If not in he	spitol, give s	treel of	(dress)		/ d STREET AL	DORESS			_		e. IS RE	SIDENCE A FARM?
A	nne Arunde	1 Gene	ral Ho	spil	tal		St.	Marg	arets	,				√ но 🗖
3.	NAME OF DECEASED		Fird		Middle		lesi		4. DATE OF		Month	De	2 <b>y</b>	Yeor
	(Type or print)	Wil	liam		Α.		SIMMONS	5	DEATH	Ap	ril		26	1960
5.	SEX	6. COLOR O	R RACE 7	MARRIE	DE NEVER MARRIED	□   8	. DATE OF BIRTH	1		9. AGE (In ye fast birthdi		UNDER TYEAR		1
	Male	White	e wit	DOWED	DIVORCED		Septembe	r 5,	1870		yrs.	lonths Days	Hours	Min.
100	during most of work	N (Give kind o	of work done	10b. Ki	IND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLA	CE (Stote o	or foreign co	ountry)		12. CITIZEN C	DF WHAT	COUNTR
	Ret Farm			Ow	n Farm		l M	aryla	nd			A.	S.	
13.	FATHER'S NAME						14 MOTHER'S	MAIDEN N	AME					
	Robe	ert Sim	mons				El	len	?					
	WAS DECEASED EVER	IN U. S. ARN			OCIAL SECURITY NO.	17. IN	FORMANT				Address			
	no	ne			•ne	Mrs	Ella S	immons	s Wi	ife	same	9 as #	2	
MEDICAL CERTIFICATION	Conditions, if are gave rise to in couse (a), stoting a lying cause tost.  PART II. DTH  20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c TIME OF INJURY Hour a. m. p. m.  21. I certify the	ITH WAS CAUS IMMEDIATE C  ITY, which nmediate he under- ERSIGNIFICAL S UNDERVINA I CAUSE OF MEDICAL EXAL  Month, D	ED BY: AUSE (o)  DUE TO  (b)  DUE TO  (c)  NT CONDITION  DEATH WINER)  Oy, Year 1  19 o  ed the december 1	ONS CO	Not while of work of fram April	Oe. PLA	CE OF INJURY II- ory, street, office  19.60 accurred at 3	injury in P	20f. (City	or town)	60 ,1 es anc	(County)	19. WAS PERFO YES  The state of	AUTOPSY DRMED?  (State)
	PHYSICIAN'S NAME (Type)	Mauric		ans			An	napol	is, M	ld.				
22	REMOVAL (Specify)				22c. NAME OF CEMET					TION (City, to		""	{Sto	te)
	burial		28,196	Q	Hillcrest	Men	norial		Ar	mapoli	s. I	Mary lan	d	
23.	FUNERAL DIRECTOR	7/////	X		ADDRESS			240 REC'E	BY REGIST	TRAR 246. I	REGISTR	AR'S SIGNATU	RE	
her	Hopping	Exper	a Apply	ne	Annapolis.	, Mc		DATE AD	R 2 9 'F	50	0.0	01		

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DR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

VR A15 (4) 1SM 9/59

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N	may be remined by the hospital or attending physician.	뿌	page 3 should be detached for use os the burial-transit permit.	the State Board of Health prior to buriol, cremation, or removal
0	>	5	ge	S
T	P	14.	D	T <sub>e</sub>
TO HOSPI OR ATTENDING PHYSICIAN: The law requires the	6.	TO FUNERAL DIRECTOR: After this certificom hos bean signed b	2.00	alter
-		~		

1. PLACE OF DEATH  o. COUNTY  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before edmission) o. STATE  B. COUNTY  Anne deceased lived.
b CITY OR TOWN (If outside corporate limits, write RRRAL and give, pegyest toynn)	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
Lamel (Rival)	X Rural (Ramel)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Burken I railer Caul	Darken I railer Court YES NO
3 NAME OF DECEASED (Type or print) Claric Dail Su	th Last 4. DATE OF Month 2 Day Year 196
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HE last birthday) Months Days Hours Min.
M WIDOWED DIVORCED	Ochfer 2, 1905 54 115.
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during mast of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTR
Cah Kliner /apreah	Clarkshing WVa, USA
13. FATHER'S JAME	14. MOTHER'S MAIDEN NAME
John Smith	Lunce Marin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or duffenown) (If yes, give war or dates of service)	FORMANT Address
235-12-1039	John Double Named Med
1B. CAUSE OF DEATH [Enter only one rouse per line for (a), (b), and (r)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY JULIAN IMMEDIATE CAUSE OF THE CONTROL	nga 5day
480x DUE/O B	201
Conditions, if ony, which gove rise to immediate	Tproumonele sole
couse (o), stating the under-	DO At
iying cause ost. (c) Drondle	a fishma o mo
PART II OFHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPS PERFORMED?
5 Cawmour cordiste	ascular algeric YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stategy, street, office bldg., etc.)
Hour a.m.  p.m.  19 While Not while at wark of work	
21 I certify that (I) (this hospital) Attended the deceased fram_	3/28 . 19/20to 4/2 , 19/20that (1) (we) lo
saw the deceased alive an 4/2 1960 and that d	leath accurred at SAM, from the causes and an the date stated above
22a. SIGNATURE	ATTENDING A MED STAFF SIGNI
	M.D PHYS MED STAFF SIGNI
22c PHYSICIAN'S NAME (Type)	22d. ADDRESS
J.N.WARREN	Jaure fun
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Bund youl of 1960 and Tell	emo Clan, Clarkshing, W. Vingino
24 FUMERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Ne With Duraldean Lourel	MA DATEDR 8 160 Caring & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1,4142 **CERTIFICATE OF DEATH** 4205 Reg. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY b. COUNTY Anne Arundel MARYLAND Maryland c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporete limits, write c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown)
Glen Burnie Glen Burnies d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS ON A FARM? 318 Milton Avenue YES NO TO 318 Milton Avenue 4. DATE NAME OF Middle Manth Smith (Type or print) Marie April 28,1960 19 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH Female DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Balto. Md. U.S.A. 13. FATHER'S NAME William Tudor Sophie Bowers hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address -03-4940Louis Smith-318 Milton Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)\_ Cerebral Thrombodis CEVS Metastatic carcinoma of lumbar spine 5 months left chest wall. Conditions, if only, which gave rise to immediate **DUE TO** couse (o), stoting the under-Duct cell carcinoma of left breast. years lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour e.m. While Not while at work of work 21. I certify that I attended the deceased from OCL 11 ...... 19.55 to April 25 ... 19.60that I lost saw the deceased 19.60\_, and that death occurred at 4120 M, from the causes and on the date stated above. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE 11 E.Chase Street April 28,1960 ploods Baltimore 2, Md. PHYSICIAN'S Dwight M. Currie M.D. FUNERAL NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) PENDYAL (Specify) Baltimore Cem. 10 ADDRESS 24g, REC'D BY REGISTRAR '60 arthur & Trace



MA	RYLAND ST	ATE DEPARTME	NT OF H	EALTH-	-BALTIMO	ORE, 18	7.4	A 15
4156	MEDICAL	EXAMINER'S	CERTIF	ICATE	OF DEA	TH	U414	£3
4378777 1737	4 m 2 m 2		2. USUAL RES	IDENCE (When	e deceased lived.	If institution:	Residence before	odmission)

	a. COUNTY	NNE ARUNDE	L	MARY	LAND	o. STATE	MARYLAN	D	b. COUNT	ANN	E ARI	UNDEL	
	ALNAPOLI		RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TO	OWN (If outside	corporate	limits, write	RURAL a	nd give a	earest to	wn)
	d. NAME OF HOSPITA			pital, give street address OLIS, MD.	:)	18 N. W	ress loodlawn					ON	A FARMS
	NAME OF DECEASED (Type or print)	Harr		Middle Carl	SC	PRGNIT	4 DAT OF DEA		Month		Doy 19		960 960
S. :	sex Male	6. COLOR OR RACE	7. MARRIE	DIVORCED	-	2-8-85		9. A	GE i'n yeors birthdoy) 5 yrs.	IF UNDE Months	R TYEAR Doys	IF UND	ER 24 HRS Min.
10c	during most of working	N (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR I	NDUSTR		E (State or forei				TIZEN O	F WHAT	COUNTRY
	. father's name KARL SORGNI	T				14. MOTHER'S MA CHRIST'I	NE HENN	IGE					
{Ye	. WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give most or dotes of WW I	ervice	social security no. None		rormant 1: Elwood	C. Sor	gnit	Address	309 apol:		Wood Md	Lawn
		H [Enter only one cau H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	•	for (o). (b). and (c).] rioscleroti	.c He	eart Disc	ase				INTE	RVAL BETWEET AND DEA	EN IN
	Conditions, if on gove rise to immedia, stating the ucause last.	ate cause	Coro	nary <b>I</b> Arte	rios	sclerosis	Sever	`e					
CERTIFICATION		er significant con phios cleros		ontributing to death				FASE COM	ADITION GIV	EN IN PA		9. WAS PERFO	AUTOPSY RMED?
	20g. EXTERNAL CAUPRIMARY G or CONCAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of injury	th Port I or Po	rt II of ite	m 18.)				
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 20 Not while rk at work	e. PLACI factor	E OF INJURY (Hom y, street, office bid	ig., etc.)	City or to	wn)	(C	ounty)		(Stote)
				emains described Accident .					ction	1		, ond (	find the
	ACTUAL SIGNATURE	Fin ke	ers	ton	>	,m.D.	ICAL EXAMINER				L	DATE 5	,
	EXAMINER'S NAME (Type)	Elmer G.	Linha	ardt			DICAL EXAMINE	_					
	Burial CREMATION REMOVAL (Specify) Burial	Apr. 21,	F 1960	22c. NAME OF CEMETER Prospect. F		Cemetery	7	Vashi	(City, town, o	D.C		(Slote	)
23.	Hopping F	17/27	Z-AT	ADDRESS	ryl		O. REC'D BY REC		24b. REGIS	TRAR'S S			

TO DEPART MEDICAL EXAMINER: This certificate shauld be executed within 24 havrs after death. If any clark is necessary, please executed be shall be strongly with the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 ta the fune force. Page 4 should be farwo. 2cd to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, at remayal.

1 PLACE OF DEATH

VS. ATSME(S) SM 9/55



VR A1S (4) 1SM 9/59

1. PLACE OF DEATH

s after death. Page II

Board of Health prior to burial, cremation, or remayal, and in any event,	\\	2000
of Health prior to burial, cremation, ar remaval, and in any event,	IS. (Ye	MEDICAL CERTIFICATION
af Health priar to burial, crematian, ar remaval, and in any event,		0
	d in any event	af Health priar to buriat, cremation, ar remaval, an

1. PLACE OF DEATH O. COUNTY Anne Arundel		MARYLA	UND	2. USUAL RESIDENCE (WI		b. COUNT	Y	e before admission)	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Baltimore - 25 60 yrs		- []	On Bultimore 425						
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 416 E. Se and Ave.		oddress)		d. STREET ADDRESS		- A		ON A FARM?	
3. NAME OF					Seward	<del></del>			
DECEASED	First	Middle		Last	4. DATE OF		onth	Day Year	
	7	(Josephine)		amek	DEATH	April	77 - 7	60 19	
5. SEX 6. COLOR OR RAC	E 7. MARRI	ED NEVER MARRIED		. DATE OF BIRTH		9. AGE ( n years lost birthday)		YEAR IF UNDER 24 HRS	
E W	WIDOWE	D NORCED		April 27, 18	78	81 yrs		Days Hours Min	
						EN OF WHAT COUNTRY?			
Housewife				Czechosovakia U.S.A.					
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
Mr. Pacholi	Unknow	Unknown							
15. WAS DECEASED EVER IN U. S. ARMED F		OCIAL SECURITY NO	17 INF	ORMANT		Ad	dress		
(Yes, no, or unknown) (If yes, give war or dates	or service)		Mrs	. Harry Garre	eis. 4	116 E. Se	ward A	ve.	
18. CAUSE OF DEATH   Enter only one	couse per line							INTERVAL BETWEEN	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)									
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1 7 · · · · 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Lyenn		
gove rise to immediate	gove rise to immediate								
lying couse lost.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT- PERFORME YES I IN							PERFORMED?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTION CONTRIBUTING									
	7		DI A		005 101				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o									
21. I certify that (I) (this hospi			om	10	57, to	GUFA Z	2 106	أ, that (۱) (we) last	
						<b></b>		-, mor til their iosi	
220. SIGNATURE	The state of the s								
Jehney 19 Jeh lu T M.D. ATTENDING MED. STAFF SIGNED									
22c. PHYSICIAN'S NAME (Type)	0 1			22d. ADDRESS	7	4-			
JIDNEY	07 60	EHLIGT		47000	4 hv	if lon h	10		
236 BURIAL, CREMATION 23b. DATE THEF	REOF	23c NAME OF CEMETE	RY OR	CREMATORY		TION (City, town,		(Stote)	
Burial April 26,1960 Ceder Hill Cemetery Anne Arundel Co., Md.							-		
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE									
George J. Gonce, 4001 Ritchie Hewy. (25) DATE APR 29'60 Critical & Kraus									



P.15, 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
FOR STATE		CATE OF DEATH							
HEALTH-DEPT.		Film G262 5/9/60 iwk							
S = 3	e. COUNTY	6. COUNTY Allegany							
Cessary Partition	b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TO	OWN (If ourside corporate limits, write RURAL and give nearest town)							
dractor.	write RURAL and give nearest town) Laurel 33	l Frederick St.							
for y sord	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET AD	DRESS e. IS RES DENCE							
ed de la	Laurel Race Track	Cumberland, Md. ON A FARM?							
Stain Stain Stait Jeart	3. NAME OF First Middle Last	4. DATE Month Dey Yeer							
h. If to the to the rebere h the fler d	(Type or print) EARL C. TAYLOR	DEATH April 30 19 60							
in or in the second	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS And birthday) Months, Days   Hours   Min.							
P E C IB	Male   C.   WIDOWED   DIVORCED	) Z ya. ]							
1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	10e USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)								
nour Peas	Laborer   Laurel Race Track C	umberland, Md. U.S.A.							
hin 24 hou Give Page rm PM3. File pages renf milkig pages renf milkig									
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO., 17. INFORMANT	th Hollingsworth							
4 wil	[Yes, no, or unkown] { (If yes give wer or dates of service)	tn H. Taylor							
cuted v frem 1 g with t perm n eny	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN							
e exection in along transit and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Craniocerebral Injury	ONSET AND DEATH							
@ @ <u></u>	DUE TO	_							
ig" in be 's Office a burial	Conditions, if any, which (b) gave rise to immediate cause	·							
ling's er's er's as a	(e), stating the underlying DUE TO								
ertificate 1 "pandin Examiner 9 used as	cause lest. (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERMINAL DISEASE CONDITION OWN IN BART A 10 WAS AUTORY							
s certifi ord "pe ord Exam le Exam be use nation,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE  20e EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	PERFORMED?							
12 \$ 0 TO 00	206 EXTENNAL CAUSE WAS 206. DESCRIBE HOW INJURY O COURED. (Enter neture of injury	YES NO NE Pert I of Item 18 )							
9 6 0	206 EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   pedestrian struck by auto	, , , , , , , , , , , , , , , , , , , ,							
WINER rriting th Chief M age 3 sh	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hon	ne, farm, 20f. (City or town) (County) (State)							
K Zeat	Hour e.m. April 30, 60 While Not While racetrack	Laurel Anne Arundel Md.							
C EX icate, to the prior	21. I certify that I took charge of the remains described above, held an Autopsy	, Inspection , Inquiry , and in my opinion							
	death resulted from: Natural causes . Accident . Suicide . Hom	icide . Undetermined manner .							
		DICAL EXAMINER [							
ME to the top to the t	SIGNATURE ( CALLES ). Tecty. M.D. ASS STAN	T MEDICAL EXAMINER TO DATE SIGNED							
A MERAL Designated	Charles C Patter	LEDICAL EXAMINER							
	220, BURIAL, CREMATION, 226. DATE THEREOF 220, NAME, OF CEMETERY OR CREMATORY	Street, city, lown, or county)  7 22d. LOCATION (City, lown, or country)  (Stele)							
O DE please 4 sho or its	BEMOVAL ISPOCINI May 3-1960 Modelawn	Cumbell mane							
H H	23. FUNERAL DIRECTOR ADDRESS	. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
VS. A15ME 5M 7/59	Hose / Funeral Servial Climberland Miss on	MAY 3 '60 Critima 3. Mayo							
	Robert murchy								



**CERTIFICATE OF DEATH** 4208 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND era b. CITY OR TOWN (If outside corporate limits, write RUKAL one diverses town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN ALL outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO pup NAME OF DECEASED 4. DATE Middle Manih Day Year file (Type or print) 19 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED DIVORCED/ 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? **8IRTHPLACE** (State or foreign country dering most of working life, even if retired) carbon 13. FATHER'S NAME геточе WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. IMPORMAN Addre (If yes, give war or dates of service) 2 egse 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ጌ PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO any Conditions, if any, which permit. gave rise to immediate DUE TO cause (a), stating the underand lying couse last. **buriol-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO IX 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) o WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o.m. Not while at wark ol work 2- , 19(00), that Llast saw the deceased I certify that I attended the deceased from. and-that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Weller wir DATE SIGNED ACTUAL SIGNATURE priar should ᅙ PHYSICIAN'S he registror NAME (Type) 220 RURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. EDICATION (City. Or county) page MOVAL (Specify) 0 23 AUNERAL DIRECTOR'S SIGNATORE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR '60 arihur & Hraus ISM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4157

**CERTIFICATE OF DEATH** 

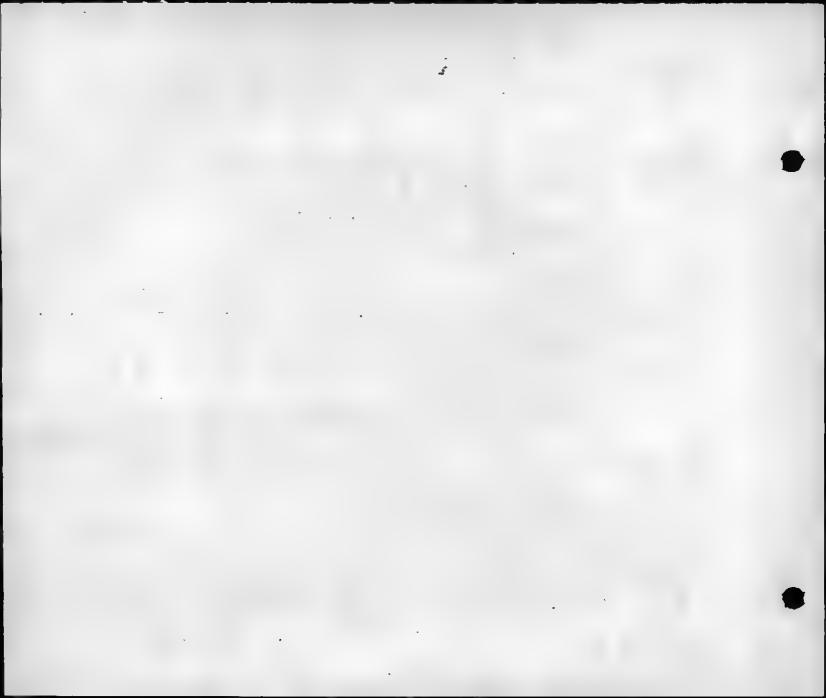
Reg. Dist. No.

04148

1 PLACE OF DEATH 0 COUNTY Ann	e Arundel		MAR	YLAND 2	a. STATE	Md.	re decease	d lived. If in b. COI		n: Residenci	e befor	e admissi	on)
b CITY OR TOWN (I RURAL and give of Annapol	f outs de corporate limi earest tawn) 18	ts, write	LENGTH OF STAY	· · · · · · · · · · · · · · · · · · ·	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Glen Burnie								
d. NAME OF HOSPIT OR INSTITUTION	eral Hospital, g	ital	ddress)		d. STREET A	DDRESS		Blvd.	NW				DENCE FARM? NO TO
3. NAME OF DECEASED (Type or print)	Dorot		Middle E11		Wagne		4. DATE OF DEATH	1	Mant		Doy 25		<sup>fear</sup> 9 60
Fema le	6. COLOR OR RACE	7 MARRIE			9/29/			9. AGE (In ) last birthe		Manths [	YEAR Days	Hours	R 24 HRS Min
10g. USUAL OCCUPATION during most of work HOUSEWITE  13. FATHER'S NAME			Own Hom	e		en Bu	arnie	Md.			USA	WHATC	OUNTRY?
IS. WAS DECEASED EVE		Hard:	DCIAL SECURITY NO	) INFO	DRMANT	1	17TT2	y Ruby	Ad <b>d</b> re	>68			
(Yes, no, or unknown) NO	(If yes, give war or dates of s	-ulcal	13-20-88			omas	Wagi	ner, s	am		2		
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate ( OUE TO	]	ONTRIBUTING TO DE					SE CONDITIO	N GIVE	N IN PART	1(0) 15	PERFO	AUTOPSY RME D?
O THE FITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESCI	RIBE HOW INJURY C	CCURRED.	Enter nature o	ıf ınjury in Pı	art I ar Pa	rt II af item 1	B.)			163 []	NO []
20c. TIME OF INJUR Havr a.m. p. m.	Y Month, Day, Yes	20d. IN. While at wark	URY OCCURRED Not while of work	20e. PLACI factor	E OF INJURY ( y, street, affic	Hame, farm, e bldg., elc.)	20f. (Cir	y ar tawn)		(Co	auniy)		(State)
Olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		0 . Perr	Pery	deoth o	20	7:15P3	M, from DDRESS (S	the cause street, city or Blvd. N	tawn, s	d on the	date	stated DATI Y \	obove. E SIGNED  6-60  1e
Burial, CREMATIC Burial (Specify)	4/29/60				REMATORY  Me mor	ial	Gle	TION (City, I			Md.	(State	1
Hopping	and Kirkl	ev.	ADDRESS	n-1 e	Ma .	DATE A	PR 2 9	160 246	REGIS	TRAR'S SIG	NATUR	E MA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4159MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 shauld be cremation Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. county hne Arundel o. STATE Maryland Anne Arundel MARYLAND burial, b. CITY OR TOWN (If autoide corporate limits, write RURAL c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) Annapôlis Annapolis rector. 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 69 West Street YES NO IX 69 West Street NAME OF First Middle DATE Lest Month Year DECEASED (Type or print) DEATH 19 60 Walton April Eckard 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In yeers IFUNDER TYEAR IF UNDER 24 HRS. retained for 2 with the r 1906 last birthday) Months Davi Hours DIVORCED T WIDOWED [7] Mala White yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House painting and USA Bristol Fainter employed 13. FATHER'S NAME YDE 14. MOTHER'S MAIDEN NAME podes Poge 5 n Thomas. Maggie Markus Walton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 116. SOCIAL SECURITY NO. Address 319 West Street n pencil in Item 18. Give P. talang with form PM3. Pao Mrs. Clara Greenwell- Sister- Annapolis. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TÓ Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. "pending" in iner's Office of be used as a ø PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) should t CAUSE OF DEATH. 120e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) ertificate, writing the wo I to the Chief Medical E L DIRECTOR: Page 3 shu factory, street, office bldg., etc. White Not while 0. m. at work of work p. m. 21. I certify that took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that death resulted from: Natural causes Accident Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER orded FUNERAL EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER XT Elmer G. Linhard 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) 0 960 Burial Annapolis National Cemet Annarolis, FUNERAL DIRECTOR'S AUGNATUHE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Classing & thousa '60 DATE PPR 6 Hopeine Annapolis 5M 9/55



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

59 CERTIFICATE OF DEATH

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			410	3	CEKTIFICA	TE OF L	JEAIN				
	1 !	PLACE OF DEATH	Anne Aru	ndel	MARYLAND	2. USUAL RE o. STATE	Maryl		d lived. If instituted b. COUNTY		Arundel
		b. CITY OR TOWN (IF RURAL and give new Annapolis	autside carparate limits, v		th of stay in 16	c. CITY OI	R TOWN (If a	utside carpo	rate limits, write RU		
e 12	١.	OR INSTITUTION	At (If not in hospitol, give General Hos			d STREET	ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print)	First Mildred	l	Dove_		SON	4. DATE OF DEATH	Apri	<del>h</del>	Day Year 7 19 60
	5 5 F	sex 'emale	770 01	MARRIED   N	EVER MARRIED DIVORCED	B. DATE OF BIR		1875	9. AGE (In years last birthday) 85 yrs	Months Do	
		HOUSE	N (Give kind of wark dans ng life, even if retired)	106 KIND OF	BUSINESS OR INDI	JSTRY 11 BIRTH	Maryli		ountry)	12. CITIZEN	U.S.
	13.	FRAM.	YLIN .	DOVI	E	AL	1 CE	HUN	IDHRE	Y	
I		WAS DECEASED EVER	IN U. S ARMED FORCES f yes, give war or dates of service		ECURITY NO 17.	185 No	RMA	IN S	HEP	" {ERI	2
	Z.	PART I DEAT  Conditions, if ar gave rise to in couse (a), stating the lying cause last.	mediate (	(Re	use pr	INOTRELATED	TOTHETERM	Left.	E CONDITION GIV		NTERVAL SETWEEN
0	CERTIFICATION	20ar, ACCIDENT WA	S UNDERLYING [] 20t		W INJURY OCCURR					,	PERFORMED?
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	40		CCURRED 20e P	LACE OF INJURY actory, street, aff	(Home, farn ice bldg., etc	n. 20f. (Cit)	or town)	(Cour	nty) (Stat
]		sow the decease	(I) (this haspital) of ed alive on Apri	1.7.1 19.	deceased fram 60 , and that		red at 5:50 M	.M, fram		d an the d	that (I) (we) la ate stated abave 22b.DATE 51GNE 4/7/60
	230	BURIAL, CREMAT OF	4-9-190	0 9	The Dean	Cernet Cernet	17	mi	TION (City, town, o	L	Mcl
	24	System D	7, Laylus	Sino (	imaj	bole, MA	DATE AP	R 1 2	25b, REGIS	TRAR'S SIGNI	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be reduced by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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37/10	CERTIFICA	TIE OI DEATH							
1, PLACE OF DEATH			here deceased lived. If institution, 8	esidence before admission)					
o. COUNTY Amne Arundel	MARYLAND	o. STATE MA b. COUNTY (), ()							
b CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)							
RURAL and give recrest town) Annapolis		X Davidsonville, Maryland							
d. NAME OF HOSPITAL (If not in hospital, give street of	oddress)	d. STREET ADDRESS		e. IS RESIDENCE					
Anne Arundel General He	osnital	/		YES NO					
3 NAME OF First	Middle	Last	4. DATE Month	Day Year					
(Type or print) William	Lawrence	White	OF DEATH April	1 19 60					
	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFU	INDER 1 YEAR IF JINDER 24 HRS					
Male White WIDOWE		March 27.	lost birthdoy) Mo	nths Days Hours Min					
10a USUAL OCCUPATION (Give kind of work done 10b.				2. CITIZEN OF WHAT COUNTRY					
during most of working life, even if retired)	00000	0-	- bal ma	21 CH					
13. FATHER'S NAME	yune.	14. MOTHER'S MAIDEN	NAME						
				1					
Oscar Sylvestar White	SOCIAL SECURITY NO 17	INFORMANT	nica Ann Holidays	Ke					
(Yas, no, or unknown) (If yes, give wor or dates of service)	/	CARREN 1	melit.	(2)					
18. CAUSE OF DEATH   Enter only one couse per lin	n for (a) (b) and (c) I	PACTOL M	· IVINCE	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY	e for (b), (o), Ono (c).			ONSET AND DEATH					
MMEDIATE CAUSE (o)									
10 11	13 +; DUE TO								
gove rise to immediate	gove rise to immediate								
couse (o), stoting the under DUE TO	1 1	M3 102	1, 101/2	61.0					
lying couse lost (c)	CONTRIBUTION TO DEATH B	T NOT DESATE TO THE TERM	THE DIFFERS CONDITION COVEN I	N PART 1(a) 19. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS C	ON IN BUTTING TO DEATH BE	IT NOT RECATED TO THE TERM	MINAL DISEASE CONDITION GIVEN I	PERFORMED?					
De acciosait was unipenimos El 1904 pers	TRIBE HOW IN THINK OCCUPY	APPL (Francisco of fallow is	Part Lee Best II of Hem 19 \	YES NO 🗆					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIDE HOW INJURY OCCURR	RED (Enter noture of injury in	ron 10; run ii oi neisi is ;						
		PLACE OF INJURY (Home, for octory, street, office bldg., et		(County) (State					
Hour o.m. While of work	1404 3411110	ociory, sireer, ornee blog., er							
21 1 certify that (I) (this haspital) attend	ed the deceased from	3 7.7 1	(20, to 4) 1	1960 that (1) (we) las					
saw the deceased alive on	1	- 41	M, fram the causes and a						
220. SIGNATURE	1 -/	dean decented on	1,745 11 dan 1110 000000 0110 0	22b DATE					
[ [ Au / Au	1tizeton	M.D PHYS.	AED STAFF DIRECTOR PHYS.	LI SIGNEE					
22c PHYSICIAN'S		22d ADDRESS	n 11						
NAME (Type) CILLY YOU	100/107	1 22001	and lask.	1114					
23a BUR AL CREMATION, 23b DATE/THEREDE	23¢ NAME OF CEMETERY	OR CREMATORY	23d JOGATION (City fown, or co	ounty) (Stote)					
Benoval (Specify) Clas 4 # 1960	At Man	is Comit	1 tima pol	me					
24. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS L	0 . QUA 250. REC	D BY REGISTRAR 256, REGISTRA	R'S SIGNATURE					
your My + againson	almales	DATE P	R 6 '60 arthur	S. Kraus					

DATEAPR 6

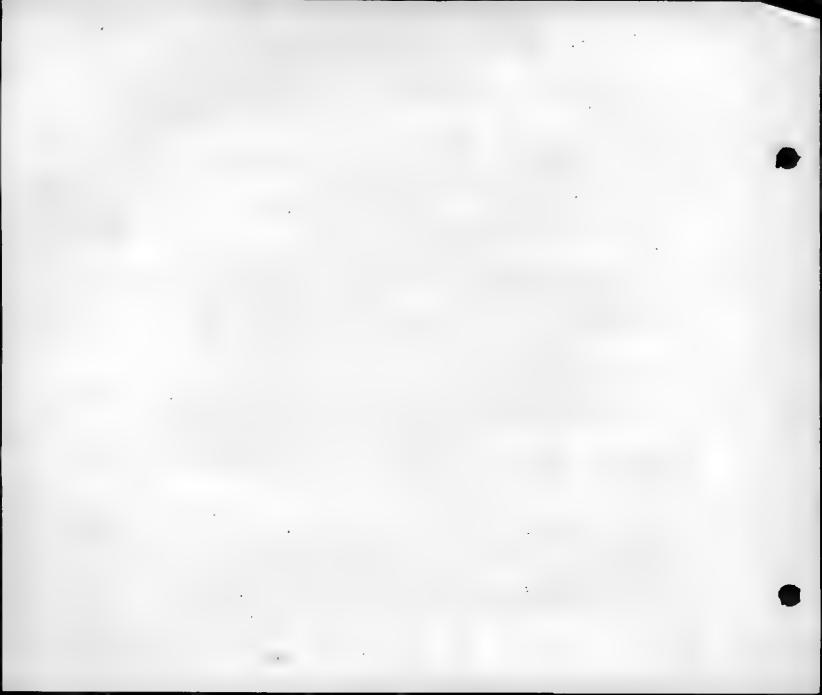
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filted in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 22-thay, after death. TO HOSE VR A15 (4) Rood

letal director,

rs after death. Page

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY/ Health, **b** COUNTY MARYLAND files. b. CITY OR TOWN I Foulside carporate Limits, with RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cargorote limits, write RURAL and give nearest town) and a ve nearest town d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) Ad. STREET ADDRESS A IS RESIDEN ON A FARM YES NO X NAME OF Middle DATE DECEASED (Type or print) DEATH 10 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1218 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Doys Months: Hours WIDOWED [7] DIVORCED T 10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bod 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT yes, give wor or dates of service) 63 18. CAUSE OF DEATH [Enter only one couse per line for jo), (b), and (c). ] INTERVAL BETWEEN Groso PART I. DEATH WAS CAUSED BY: 3 IMMEDIATE CAUSE (a) 21. DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hollis, WAS AUTOPSY esed PERFORMED? 8 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ъ CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or town): (Caunty) (State) factory, street, office bldg., etc.) Hour e. m. While Not white at work at work p. m. 0 21. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry and in my CTOR apinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 0 ASSISTANT MEDICAL EXAMINER UNERAL NAME (Type) DEPUTY MEDICAL EXAMINER FIL 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify)

ADDRESS

240. REC'D BY REGISTRAR /

DATE

APA 1 3 '60

246 REGISTRAR'S SIGNATURE

Circhar S. France

VS. A15ME 5M 2/57 23. FUNERAL DIRECTOR'S SIGNATURE

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after death. Page

that the death certificate be executed within 21

à à the fune by the t ond and campletely filled ban papers. Pages 1 n 72 hours after death. carban papers. physician remove eyen! w attending please any the and may be do by the haspital or attending physician.

TO ILINERAL MILECTER: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit, the State Board of Health prior to burial, cremarkin, ar removal, **™** 70

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o COUNTY Anne Arundel b. CITY OR TOWN (If outsid RURAL and give nearest to Crownsville d. NAME OF HOSPITAL (If n Crownsville NAME OF DECEASED (Type or print) S. SEX 6. CC Female 10a USJAL OCCUPATION (Graduring most of warking life Housewife 13. FATHER'S NAME Dennis Jor 15. WAS DECEASED EVER IN U. (If yes, g Unknown 18. CAUSE OF DEATH [E PART I. DEATH WA IMME Conditions, if ony, wh gove rise to immedi couse (a), stating the unlying cause lost CERTIFICATION PART II. OTHER SIG 200 ACCIDENT WAS JND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC MEDICAL 20c. TIME OF INJURY Mo Hour a.m. p. m. 21 | certify that (I) saw the deceased al 220. SIGNATURE 22¢ PHYSICIAN'S NAME TYPE 230 (BURIAL / CREMATION, 23 REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGN

T.C.U.									
	MARYLAND	2 USUAL RESIDENCE (When o. STATE  Maryland	ere deceosed	b. COUNTY		pefore admis	on)		
e corporate limits, write	c LENGTH OF STAY IN 16	c. CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
, will	1mo. 23 days	Cumberland	Cumberland 0/ 5.0						
ot in hospital, give street		d. STREET ADDRESS e. IS RESIDENCE							
State Hospi	tal	312 Howard Place ON A FARM? YES NO 1							
Estel	Middle <b>la</b>	Willis	th	28 Year 60					
LOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years Jast birthdoy)	IF UNDER TY		T		
Negro WIDOW	/ED 🔣 DIVORCED 🗍	December 12,1	.890	69 yrs	Months Da	ys Hours	Min.		
e kind af work dane 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote of	ar fareign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY?		
, even if retired)		Maryland			U	.S.A.			
1		14 MOTHER'S MAIDEN N	AME	-					
nes		Florence	For	a/					
S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17, IN	NFORMANT	-	Addr	1855				
ve war or dates of service)	Unknown l	iospital Recor	ds						
nter only ane cause per l	ine for (a), (b), and (c).]				Į.	INTERVAL BI	ETWEEN		
S CAUSED BY:	Septicema	,				),110C1 A110	DEATH		
DUE TO		/ , .							
ich ) (b)	Decubito	1 WICERS							
ote DUE TO	1 /	1		Remio	I				
(c) A	RTERIUSCIER	ettic tpertin	SIVEC	ZCHO YERC	ulerds	430			
N-FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERFO	AUTOPSY DRMED?		
ERLYING [] 206. DE: USE OF DEATH AL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Part	11 of item 18 )					
nth, Doy Year 20d.		ACE OF INJURY (Home, farm,		or town)	(Cou	nty)	(Stote)		
19 While	ork of work	ctory, street, office bldn etc.]	)						
this haspital) atten	ded the deceased fram.	3/5 195	24 . 10	4/28	1960	, that (I)	(we) lost		
rve on 4/28	.60	leath accurred a	M from	the causes an		` '			
, 1	/ dila ilidi c	Cum dicerred or page.	111) 11 011.	nic couses an	<u> </u>		2b.DATE		
+ 14 K	* .	M.D PHYS DIE	D RECTOR	STAFF PHYS		4/2	8/60		
		22d. ADDRESS					-		
gard Heard H	leissman, M. D.	Crownsvill	le Sta	te Hospi	tal, Ma	ırylan	d		
DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	236 LOCA1	ION (City, town, o	or county)	(Sto	te),		
1/30/60	Kear Hill ?	nterlend / a		7		m			
IATURE	ADDRESS	( \ \ \ \ \ \ 250 REC'E	BY REGIST	RAR 25b. REGIS	STRAR'S SIGNA				
LANK SEPP	ar Cunterio	DATE DATE	MAY 2	'60	Orthur &	. Kraua			



SM 9/55



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4217 CERTIFICATE OF DEATH

4211

64155

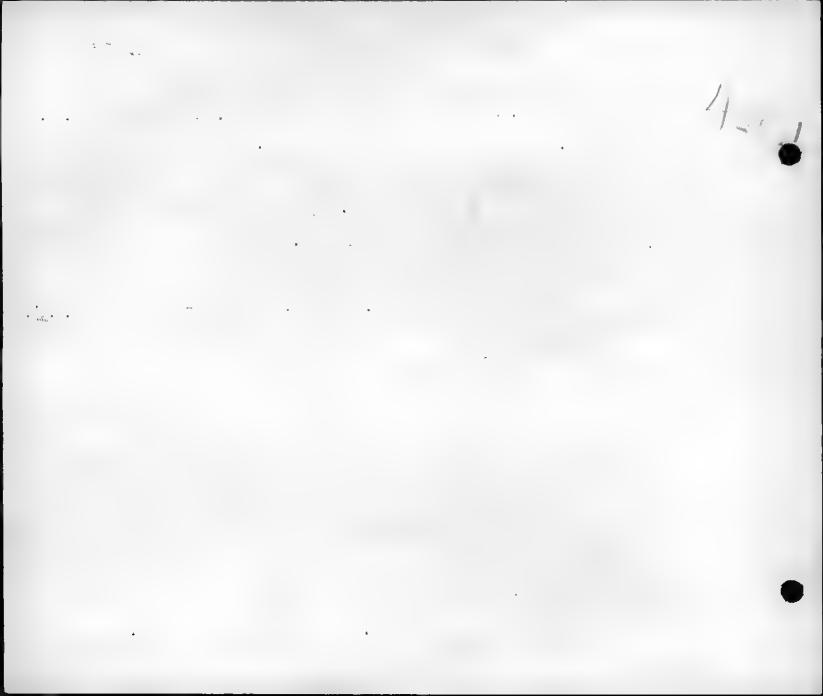
		PLACE OF DEATH  b. COUNTY  FUNE HRU	NJEL	MARYLAND	2 USUAL RESIDENCE (W	Vhere deceased lived. If insti b. COUN	fution: Residence before admission)				
	b. CITY OR TOWN (If outside carparate fimils, write RJRAL and give nearest town)			LENGTH OF STAY IN 16	CITY OR TOWN (IF	e RURAL and give nearest town)					
1	13	d NAME OF HOSPITAL (IF no OR INSTITUTION COMMISSIONE STR	in hospitol, give street odd	iress)	d STREET ADDRESS	d STREET ADDRESS  e IS RESIDENCE ON A FARM? YES NO					
	1	NAME OF DECEASED (Type or print)	First MARY	Middle  6 Liza BEI	H WILLIS	4. DATE OF DEATH	Month Day Year 22 19 40				
	5 5		OR OR RACE 7 MARRIED	_/	8 DATE OF BIRTH	9. AGE (In year lost birthdo	y) Months Days "Hours Min				
1	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT  during most of warking life, even if retired)  2000 57. Manage 5 64.										
	13.	FATHER'S NAME /	H Holky	•	14 MOTHER'S MAIDEN	,					
		WAS DECEASED EVER IN U. S., no., or unknown) (If yes, give	S. ARMED FORCES?  War or dates of service)	CIAL SECURITY NO. 17	INFORMANT HIS PITAL	RECORIS	Address				
Total Control		18 CAUSE OF DEATH [Ent PART I. DEATH WAS IMMEDI	CAUSED BY MYO		DEGENERAT	CON	INTERVAL BETWEEN ONSET AND DEATH				
*		Conditions, if any, white gove rise to immedio couse (a), stating the <u>unde</u> lying cause last.	te (	ERALIZED	ARTERIOSE	LEROSIS	7 2 2 5				
	FICATION		GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?								
• \	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJURY Mont Haur a. m. p. m.	While _	Not white of work	PLACE OF INJURY (Hame, far factory, street, office bldg., e	rm. 20f (City or lown)	(Caunty) (State)				
,		21 I certify that (the saw the deceased aliver 220 SIGNATURE			death occurred at 22	17.00	and on the date stated abave.  20b. DATE SIGNED				
		22c. PHYSICIAN'S NAME (Type) [ BENEDI M. I)  M. D. PHYS DIRECTOR, D. PHYS DIRECTO									
	4	REMOVAL (Specify)	125/60	THE MAME OF CEMETERY	1/-	23d LOCATION (City, tow	na mel				
	24.	FUNERAL DIRECTOR'S SIGNA	allens.	& Rionard	1 70.1		EGISTRAR'S SIGNATURE				



			4212	CERTIF	ICA	TE OF DEATH	1		041	90	
1.	PLACE OF DEATH b. COUNTY Anne	Arundel		MARYL	.AND	2. USUAL RESIDENCE (V a. STATE	_	d lived If institute b. COUNTY		e before adm	
	d. NAME OF HOSP OR INSTITUTION	(If autside construte linearest tawn) Set line ers / ille ITAL (If not in haspital, ) eld Rd.	P.O.		N 1b	c. CITY OR TOWN (IF  Severna P  d. STREET ADDRESS  Benfield	ark, R			e. IS R	
3.	NAME OF		rst	Middle		Last	4. DATE	Mai	ıth	Day	Year
	DECEASED (Type or print)	Edmond		White	11	insh ster	OF DEATH	lori	1	17	19 50
S	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D 🔲 1	B. DATE OF BIRTH		9. AGE (in years igst birthday)		YEAR IF UN	DER 24 HRS
	iale	. iite	WIDOWED 🌋	DIVORCED		Jul. 15, 188	4	75 yrs	Months (	Days Hou	rs Min.
100	USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	dane 10b KIND	OF BUSINESS OF	INDUS	TRY 11 BIRTHPLACE (Stat	te ar fareign (	country)	12. CITIZ	EN OF WHA	COUNTRY?
	Rtd.Owne			ground E	quip						
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
L	Pere Win					Kattie Whit	e				
1\$. {Yi	WAS DECEASED EV	ER IN U.S. ARMED FOI (If yes, give war or dates of		AL SECURITY NO.		IFORMANT		Bôx	"395 I	, Rout	te 1
-	no		<u> </u>	none	Mr	. Edmund W.	Winche	ster -Mil	lersvi	lle P	O-Md-
L		ATH Enter only one of	-							ONSET AN	
	PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (		mary t							nour
	4	DUE TO	1.	-		ive Jartio			an luc	2 y	ears
	Canditians, if	immediate "	o)	ar sil	DS ;	lerosis,	engri z	ilZei.			
	cause (a), stating	g the under DUE TO									
Z	lying cause last		e)	IBUTING TO DEA	THE BUILT	NOT RELATED TO THE TERM	MINIAN BUCEAU	CE COMPITION OF	MENT IN DARK	1/-> 30 >4/4	C AUTORCY
ATIO	1881 11. 0	THER SIGNIFICANT COL	ADISIÓNS CÓMIK	JIBOTING TO DEA	1001	NOT RECATED TO THE TERM	MINAL DISEA	SE CONDITION GI	TEN THE PART	PER	FORMED?
FIC	20g ACCIDENT W	AS UNDERLYING	20b. DESCRIBE	HOW INJURY OF	CURRE	). (Enter nature of injury ii	n Part Lar Pa	rt II of item 18.1		TES	Поп
CERT	OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER			JOHNEL	, in the second of the second					
MEDICAL	20c TIME OF INJU Haur a.m. p. m.	10	While !	OCCURRED Not while		ACE OF INJURY (Hame, for street, affice bldg., e		y ar tawn)	(Co	aunty)	(State)
		at (I) (this haspita	N / 1	_		ued					
	220 SIGNATURE	ramis.	) Cod	d		ATTENDING	MED DIRECTOR	STAFF	24	-13-1	22b DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Francis	I. Codd	1		22d. ADDRESS Se v	erna	Park, M	aryla	t.r	the was
234	BURIAL, CREMATI	ON. 236 DATE THERE		NAME OF CEME				TION (City, town,	,,	(S	tate)
24.	SUNERAL DIRECTO			ADDRESS	/.	7	C'D BY REGIS	IRAR   256 REG	ISTRAR'S SIG		
13	MANN.	1- LINA	uch t	MANUA	~ /i	LA (JE) DATE "	AH 13.	00 0	in the f	Made	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificale be executed within 24 after death. Page 4 may be at nead by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pages 1 and 2 shauld be fitled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hobbs after death. VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND burial. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY/OR TOWN (If outside corporate lifeits, write RURAL and give nearest town) negrest town) d. NAME OF HOSPITAL/OR INSTITUTION (If not in hospital, give street address) d. STREET\_ADDRESS 3. NAME OF DATE Middle Last Month DECEASED (Type or print) DEATH 5. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED yrs. 100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY during may be working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? N puo Pug e e 2720 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Pages Winn 50 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or doles of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate cause DUE TO (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY 20 200, EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) shauld 20c. TIME OF INJURY 20e. PEACE OF INJURY (Home, farm, 120f. (City or town) Month, Dov. Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour & a. m. While Not white 19 60 at work ot work D. m. 21. I certify that I took charge of the remains described abave, held an Autapsy 1. Inspection -Inquiry to the Chief ... DIRECTOR: Notural-causes Accident death resulted from Suicide \_\_\_\_\_\_\_, Hamicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TH NAME (Type) Grwar 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

e. IS RESIDENCE

Year

Hours

INTERVAL BETWEEN ONSET/AND DEATH

> PERFORMED? YES T

> > DATE SIGNED

(Stote

24b. REGISTRAR'S SIGNATURE

Cilling S. Phone

24a. REC'D BY REGISTRAR

DATE

60

NO

(Stote)

ON A FARMT YES NO

VS. A15ME(5) 5M 9/55

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

2040203XV5

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USURL RESIDENCE (Where deceased lived, If institution declared a demission) 1. PLACE OF DEAT director. Page or your files e. COUNTY ealth, a. STATE b. COUNTY 1 necessary Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ö Annapolisk DOA F. Severna Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO T Manhatten Beach retain ive Pages 1,2, and 3 to the further Pages 1,2, and 3 to the further PAS. Page 5 may be retain PAS. Pages 1 and 2 with the Strie Pages 1 and 2 with the Striet Pages NAME OF 4. DATE Middle Last Month Dev Year DECEASED OF (Type or print) DEATH 1960 April 18. Blanche YOUNG 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yours | IF UNDER 1 YEAR) IE UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) Months Hours White Female WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Annapolis, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give James E. Young Martha Ann Jones This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with or (Yes, no, or unkown) ; [Ifyes give wer or dates of service) James E. Young. Same 28 Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN E ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Interstitial pneumonitis pue IMMEDIATE CAUSE (a) DUE TO removal, (6) gave rise to immediate cause "pending" 10 Examiner's DUE TO (e), stating the underlying 12 cause lest. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO F 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. Pur MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not While 0 While Hour e.m. et work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion agent, death resulted from: Natural causes A Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE X DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, 19, 1960 NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (State) DE REMOVAL (Specify) 240 Burial 20 Glen Haven Memorial rial Glen Burnie Md
24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS/ATSME Online & Krous Glen Burnie, Md. DATE APR 22'60 M 7/59

Establish all the A STATE OF THE STA A CALL CARS. MAN THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. and the state of t